Predicting Staying In or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness

U.S.Department of Housing and Urban Development
Office of Policy Development and Research

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Final Report

Prepared for:
U.S. Department of Housing and Urban Development
Office of Policy Development and Research

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March 2006

ACKNOWLEDGEMENTS

Many individuals and organizations have contributed to the completion of this project. We would especially like to thank the following:

- The City of Philadelphia's Office of Public Health's Institutional Review Board.
- The staff and managers of the City of Philadelphia's Department of Behavioral Health/Mental Retardation Services.
- The residential support staff, case managers and supervisors of the city's permanent housing programs who tirelessly serve the city's homeless and mentally ill populations.
- Our advisory team members, Carol Caton and Michale Covone who have contributed their time, knowledge and expertise.
- Paul Dornan, our project Government Technical Representative from the U.S. Department of Housing and Urban Development (HUD)'s Office of Policy Development and Research (OPDR), for providing us with indispensable support, insights and encouragement throughout the study. Additionally, Kevin Neary, also from HUD's OPDR, provided invaluable support.

We appreciate the significant contributions that the above individuals made to the implementation of the research project and writing of this report. They are not responsible for any errors or omissions. The findings and views herein are those of the contractors and authors.

The contents of this report are the views of the contractor and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.

Foreword

The Permanent Housing component of the Supportive Housing Program, the Department's principal program to meet the needs of homeless people with disabilities, was established to offer homeless people with disabilities, including mental illness, an assurance of permanent housing and appropriate supportive services. The program is designed to provide a structure that counteracts the disruptions of both homelessness and disability. However, while many formerly homeless people remain in permanent supportive housing for many years, substantial numbers leave within months of entry. The questions of why people leave permanent housing and what happens to them constitute the principal focus of this study.

This study examines the experience of some 943 residents of permanent supportive housing in Philadelphia during the period from 2001 to 2005. The capability to merge Homeless Management Information System (HMIS) data and administrative data in Philadelphia, Pennsylvania, made possible a viable strategy to track over time a highly elusive population -- formerly homeless people with mental illness who had left permanent supportive housing.

The study shows that it is not necessarily a bad thing that some people leave "permanent" supportive housing. Those who left and the circumstances of their departure were highly divergent, and who left and how was significantly related to the stability of their housing and the independence of their lives, both in the short- and longer-term. Three-fifths of those who left HUD-supported Permanent Housing in Philadelphia left voluntarily, either to pursue better housing or to move away from problems they were experiencing in the permanent supportive housing. The remaining two-fifths left involuntarily, having been asked to leave because they violated program rules or because they were adjudged by staff incapable of maintaining themselves in the permanent supportive housing environment. Those who left under positive circumstances were far more likely to move to more stable and independent housing, to **stay** in that housing over time and to use fewer mental health services post-departure than those who left more negatively. The study also found that, based on the variables included, there would have been no way to predict at entry into permanent supportive housing who would stay or leave, either positively or less so.

This study makes a valuable contribution to our understanding of how the structure of permanent supportive housing and the use of various means of stabilization at critical junctures in a resident's stay can promote more stability and, thereby, greater health and independence, among those living there, whether they stay or subsequently leave.

Darlene F. Williams
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TABLE OF CONTENTS

LIST OF TABLES

EXECUTIVE SUMMARY

Background

One principal assumption underlay the Permanent Housing component when Congress established the Supportive Housing Demonstration Program (and its successor, the Supportive Housing Program) in the Stewart B. McKinney Act: That the combination of permanent community-based housing and the provision of ongoing supportive services to homeless people with disabilities would foster among individuals of that difficult-to-serve population the greatest independence or self-sufficiency possible. A similar concept underlies the Shelter Plus Care (S+C) program established by the National Affordable Housing Act of 1990. The purpose of S+C was to "provide rental housing assistance, in connection with supportive services funded from other sources other than this subtitle, to homeless persons with disabilities (primarily persons who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or have acquired immunodeficiency syndrome and related diseases) and the families of such persons." The third programmatic HUD McKinney-Vento Act permanent housing alternative, although not specifically targeted to a disabled homeless population, does serve a high proportion of homeless people with serious mental illness; in 2001, for example, roughly a third of all adults entering HUD-supported Single Room Occupancy (SRO) units were mentally ill.

Permanent housing has remained a major focus of the Department's programs that specifically serve homeless people with disabilities. The combined funding for HUD McKinney-Vento Act programs (including the Emergency Shelter Grant (ESG), Supportive Housing, S + C and Section 8 SRO programs) that contain no limits on length of stay, S + C, Section 8 SRO and the Permanent Housing component of the Supportive Housing Program, has over the lives of those programs made up approximately a third of all funding ($3.2 billion of $9.8 billion). Although the proportion of funding going to these three permanent housing programs has varied considerably from year to year, ranging from 17 percent in 1997 to 70 percent in 1993, the Department has responded to clear Congressional direction to keep the permanent housing option at the forefront of HUD's homeless efforts, and approximately 45 percent of its funding effort (including the non-competitive and short length of stay ESG program) went to permanent housing in FY 2004.

Yet there is considerable difference between the presumption of long-term housing and supportive services as the key to moving homeless people with disabilities toward the greatest self-sufficiency of which they are capable and the realities of length of stay in HUD-assisted permanent housing for homeless people with disabilities. For example, according to the Annual Progress Report (APR), the annual reporting document for HUD-funded competitive homeless programs, about five percent of all adult participants of HUD-funded permanent housing for the homeless (including the Permanent Housing Program, the S + C Program and the Section 8 SRO Program) during program year 2004 left within the first two months after entry; another seven percent left in the period from three to six months; and altogether about a quarter of all

Permanent Housing beneficiaries throughout that year left after two or fewer years in the permanent housing setting. For some significant number of homeless people with disabilities, McKinney Act-supported permanent housing is apparently not experienced as permanent.

When the homeless providers who are recipients of HUD homeless funding reported, where known, the destination of adult participants who departed permanent housing, 23 percent were reported as going directly to market-rate rental housing, 29 percent to subsidized rental housing and one percent to homeownership situations. On the other hand, there was a sizable proportion whose destinations were less propitious. For example, 20 percent were moving in, either permanently or on an interim basis, with families or friends; ten percent were going to jail/prison, a psychiatric hospital or an inpatient alcohol or drug treatment facility; three percent departed for transitional housing, three percent to emergency shelters and one percent back to the street.

These figures raise very important policy questions for the Department in its administration of its permanent housing programs for homeless persons. For example:

1. What does permanent housing mean for homeless providers and clients? What gives HUD-funded permanent housing its distinctive character, if anything? Or is it simply a form of housing that permits long-term residency but in practice looks like transitional housing but for a narrower eligible population?

2. What happens to the formerly homeless people with disabilities who leave HUD-funded permanent housing? How do they differ from those who remain in the HUD-funded permanent housing? Why do those who depart leave? Where do they go? How do they fare? What happens to them over time? What do their post-permanent housing residential careers look like?

3. How does the degree and nature of disability and the length of time without housing at the time participants enter permanent housing affect how long they remain in the permanent housing, where they go upon departure and housing stability after leaving permanent housing? Do people who leave permanent housing voluntarily have significantly different residential careers after permanent housing than those who leave involuntarily? Does length of stay in permanent housing affect significantly the residential careers of residents of permanent housing after they leave that housing? Does the composition of the services offered and the timeframe within which the services are provided in the permanent housing affect significantly the residential careers of permanent housing leavers once they depart that housing?

This research is primarily but not exclusively about homeless people with serious mental illness. It is clear that early availability of HUD McKinney Act funding for permanent supportive housing coincided with actions by the City of Philadelphia and the State of Pennsylvania to close Philadelphia State Hospital in the early 1990s and to restructure public mental health care in the city (See Chapter 3). Philadelphia has since been markedly successful in capturing Supportive Housing and S + C Program dollars for permanent supportive housing, $92 million from 1987 to 2004. Moreover, the 28 permanent housing providers involved in this study reported that more

than 60 percent of their current residents had previously been homeless, and ten of those providers reported that 70 percent or more of their current clients had been homeless prior to entry. However, the administrative data upon which a significant part of the analysis is based does not identify permanent housing residents by source of funding. As such, this study and its findings pertain to permanent housing in general in Philadelphia and do not necessarily represent HUD McKinney Act permanent housing projects. In effect, we are constrained in our ability to isolate the formerly homeless mentally ill population from the larger group of lower income mentally ill population for much of the analysis.

Method

In 2002, the Department of Housing and Urban Development's Policy Development and Research Office contracted with M. Davis and Company, Inc. and University of Pennsylvania's Center for Mental Health Policy and Services Research to undertake a research project to help answer these questions. Philadelphia was selected as the study site, in part, because it has one of the most comprehensive Homeless Management Information Systems (HMIS) in operation in the nation. In addition, the University of Pennsylvania has developed a strong and continuing working relationship with the City and the State of Pennsylvania that permits analysis of longitudinal administrative data for individuals served by, among others, the health, mental health, welfare and criminal justice systems of the City, County and State.

The HMIS enabled the study to incorporate a multi-modal tracking strategy. The strategy included two components: (1) retrospective tracking of 943 mentally ill individuals who ever stayed in permanent housing between January 1, 2001 and July 15, 2004, using an integrated longitudinal administrative database, and (2) prospective tracking via interviews of 100 leavers who left permanent housing from February, 2003 to December, 2004 and a matched sample of 96 stayers who were current permanent housing residents as of January, 2005. The selection of both the retrospective and prospective samples was designed to maximize the use of the integrated longitudinal database available at the study site and facilitate a workable strategy to track permanent housing leavers over an 18-month or greater period and to secure reliable information on post-permanent housing residential careers. The study also included interviews with permanent housing support team providers, and secondary data analysis of a survey of permanent housing residents and support team providers, funded by the National Institute of Mental Health (NIMH).

Findings

Permanent housing embraces a variety of approaches that differ in housing and service characteristics. When referencing characteristics of permanent housing, it is important to include or, minimally, be aware of, the characteristics of importance to residents, features such as condition/maintenance and location of the residence, staff involvement/relationship with residents and presence of "problem/non-compliant" tenants. These "characteristics" are subjective, particularly the latter two; however, they are of clear significance to tenants. The unifying feature of permanent housing is the provision of housing subsidy with no stay limit

attached to program participation. Although we can conclude that permanent housing is a long-term housing arrangement for a significant portion of permanent housing residents, it is evidently not a "permanent" housing arrangement for many others. In fact, many permanent housing residents do not expect that their residency in permanent housing will be permanent.

For leavers who have favorable post-permanent housing careers their limited tenure in permanent housing could be interpreted as a positive outcome. These leavers have moved to living situations that require more independence than permanent housing. In essence, they are on a track to be permanently off the street and integrated into the community. However, there is a discernible proportion of leavers for whom permanent housing is neither a long-term solution nor assists them in reaching a long-term solution. Clearly, for these homeless persons permanent housing is not the end of their distress because they leave and go to unstable or less positive housing settings or return to the street. This study will help to better understand why this is occurring, what characteristics of the permanent housing or participants lead to leaving and what shape the lives of leavers take once they depart permanent housing.

Housing Tenure of Permanent Housing Residents

Although it may be said that permanent housing for homeless people with disabilities is a long-term housing arrangement for a significant portion of permanent housing residents, this study suggests it is not a "permanent" housing arrangement for everyone. Analysis of three permanent housing entry cohorts between 2001 and 2003 in Philadelphia indicates that a significant portion of residents entering permanent housing at the same time left before two years of residence. If the discharge patterns of the 2001 cohort were representative of all permanent housing residents, then we may expect that only half of those entering permanent housing would be able to keep their residency for three years or more. More than ten percent, in fact, left within six months, and nearly a quarter left within the first year after entry. There is no basis upon which to adjudge the length of stay of study cohorts in Philadelphia different than that of permanent supportive housing residents elsewhere.

It is also noteworthy that the experience of leaving permanent housing is not limited to those who have relatively short tenure in permanent housing. Indeed, leaving also happened among permanent housing residents who might be considered most stably housed, that is, individuals in the same permanent housing program for many years. In illustration, 41 percent who had entered permanent housing units in the city before 1999 left in the period between 2001 and 2003.

Leaving, it should be noted, may not be an adverse outcome; for some clients, leaving is a desirable event that leads to better housing or to a higher level of independence and self-sufficiency. For example, over 18 percent of those discharged during the three years of the study reported as living independently and alone. Another three percent were living with a spouse or a significant other.

Differences between Those Who Leave Permanent Housing and Those Who Stay

Findings from the integrated longitudinal data identify no differences between leavers and stayers along major demographic attributes, including age, gender, race/ethnicity, psychiatric diagnosis, substance treatment history and level of functioning as rated by the Global Assessment of Functioning (GAS) scale – a simple standardized rating scale of the current overall level of functioning of the client. Moreover, characteristics of permanent housing programs measured at the residential support team level, including program size (capacity) and provider-assessed level of functioning and intensity of support, are not associated with leaver-stayer status.

In contrast, individual behavioral health services use, particularly service use during participants' stays in permanent housing, emerges as a key factor predicting leaving and staying in permanent housing. Specifically, leavers as a group are more likely than stayers to have experienced inpatient mental hospital admissions, more likely to have used community residential services, and more likely to have used emergency services during their tenure in permanent housing. Stayers, on the other hand, had more contact with community residential services prior to permanent housing entry and more contact with outpatient services during their permanent housing stay. The significantly higher incidence of psychiatric hospitalization and emergency services use among leavers could be indicative of the deteriorating status of mental health among leavers after entering permanent housing. Experiences of relapses may be an important factor contributing to the inability of some permanent housing residents to continue their tenure in permanent housing.

Categories of Those Leaving HUD-Funded Permanent Housing

Furnished with information about the whereabouts of leavers in both the integrated longitudinal data and the interview data, we distinguished between two subgroups of leavers. In summary, one-third of the leavers are designated as "positive leavers" who left permanent housing to go to independent and other living arrangements (such as with family and friends)[1] that are not associated with professional residential support, and two-thirds are designated as "non-positive" leavers who left permanent housing to go to congregate residential settings (in general, a more intensive residential support than permanent housing), institutional settings (hospitals and correctional institutions), homelessness, and other unspecified whereabouts. This finding is based on the "discharge codes" assigned in the administrative data at the point of departure.

[1] We acknowledge throughout this report that departing to family and friends is characterized as a positive departure in some results and non-positive in others. Use of variant data sources has necessitated more ambiguity in this regard than certainly is preferable. Departure to family and friends can represent a very temporary circumstance for some and a permanent solution for others. For some formerly homeless people with serious mental illness, the relative independence of moving in with family and friends is a sign of capacity; for others, it may be an acknowledgement of dependence. Differing data elements and presumptions of the various data sources used in this report do not always allow us to make those kinds of distinctions. We do, however, indicate in each instance what departure to family and friends means with that context.

Similarly, based on the reports of leavers and residential support staff in the interview data, we found two major subgroups of leavers: voluntary leavers (61%) and involuntary leavers (39%). Voluntary leavers are residents who elected to leave permanent housing to either pursue better housing or to move away from problems they experienced at their current permanent housing program. Involuntary leavers are residents who have been asked to leave the permanent housing because they violated program rules, such as drinking and using illicit drugs at their apartment, or program staff considers them incapable of maintaining themselves in a supportive permanent housing environment.

Although it is questionable whether the two aforementioned classifications are sufficiently refined to capture the variety among leavers and the dynamics of leaving, the findings derived from these classifications point to an interesting observation—that is, leaving as an overarching category may not be very meaningful. Based on the comparison between "positive" and "non-positive" leavers, as well as "voluntary" and "involuntary" leavers, we found noteworthy differences among leavers:

1. There are no differences between positive and non-positive leavers in terms of socio-demographic characteristics, psychiatric diagnosis, and level of functioning, all measures taken before leavers entered permanent housing. Neither was there any difference in length of stay in permanent housing between those two subgroups of leavers.

2. There was also no discernable difference between positive and non-positive leavers in all measures of service use prior to entering permanent housing. The lack of difference includes use of homeless shelters.

3. Non-positive leavers consistently reported higher levels of service use than positive leavers during their stay in permanent housing. Statistically significant differences between the two groups include psychiatric hospitalization, use of day treatment programs and use of emergency services during their permanent housing stays.

4. Non-positive leavers consistently reported higher levels of service use than positive leavers subsequent to their discharge from permanent housing. Statistically significant differences between the two groups include shelter use, intensive case management (ICM) services, ambulatory services, psychiatric hospitalization, community residential services and emergency services.

5. A significant minority of non-positive leavers experienced homeless shelter use (26%) and psychiatric hospitalization (24%) subsequent to leaving permanent housing. This contrasts with the very low percent of homelessness (3%) and institutionalization (5%) reported from the discharge codes given at the time of leaving. In contrast, only 10 percent of positive leavers reported use of homeless shelters, and 15 percent reported psychiatric hospitalization.

6. Based on the assessment of residential support staff, involuntary leavers experienced more behavioral problems, demonstrated lower level of independent living skills, and received more intensive support than voluntary leavers.

As it works out, those permanent supportive housing residents who are most "at risk" are involuntary leavers who have a drug/alcohol relapse or are non-compliant with permanent housing rules. These residents tend also to be most costly to serve during their post-permanent housing career. Although a smaller proportion of involuntary leavers use emergency services after their permanent housing stays than do during their permanent housing stays, their use of emergency services is more than three times greater than positive leavers.

Additionally, use of vocational/social rehabilitation services predicts tenure in permanent housing. Leavers are less likely than stayers to use such services both before and during permanent housing stays. Moreover, it is noteworthy that the survey data did differentiate between "voluntary" and "involuntary" leavers. Program staff assessments revealed that voluntary leavers overall had a higher level of functioning and lower need of assistance than stayers. Conversely, involuntary leavers were reported to have a lower level of functioning and higher need of assistance than stayers.

7. Comparison between voluntary leavers, involuntary leavers, and stayers indicates that voluntary leavers are more similar to stayers in behavioral characteristics, independent living skills and needs for services than to leavers. Indeed, for a number of measures, voluntary leavers were reported to have higher level of skills and require less intensive services than stayers.

In summary, notwithstanding the lack of comparability between the two methods of categorizing leavers using integrated longitudinal and interview data, it is evident that an important distinction can be made between permanent housing residents who left because of unfavorable conditions and those who left demonstrating their capability for a higher level of independence.

Circumstances of Departure from HUD-Funded Permanent Housing

Involuntary leavers, voluntary leavers who departed seeking opportunities, and voluntary leavers who moved in order to avoid problems (that is, those whom we designate as situational leavers) in general left permanent housing under different circumstances. Among these three groups, the opportunity seekers reported the most favorable circumstances for leaving permanent housing. They categorized their leaving as a form of graduation from permanent housing to a housing setting that they perceived was an improvement. These leavers "graduated" from permanent housing, frequently with a housing subsidy (for example, Section 8), demonstrated a high level of independent living skills, were assessed by residential support staff as not needing residential support services upon departure and were regarded as capable of participating in a program with a minimal level of program requirements (such as moving from a clustered site program to a scattered site program). It should be noted that voluntary leavers who "graduated" to subsidized housing without residential support often continue to use other mental health system supports such as outpatient and case management services. Clearly one important finding of this study is that leaving permanent housing is not necessarily a negative outcome. The fact that clients "move on" to other even more "normal housing" arrangements is not a reflection of a failure of

the system but of the success of the client. This is consistent with the recent focus on "recovery" for persons with serious mental illness. This model emphasizes the process of recovery over time so that clients are less dependent on the care system and more able to integrate into the housing market. The assumption that clients will always need the financial and social supports of permanent housing is just not consistent with what we know about the lives of persons with serious mental illness.

"Situational leavers" elected to leave permanent housing to avoid or overcome problems they encountered in their personal, housing and support situations. Some situational leavers left permanent housing because of the demolition of their housing site. While transitioning to another housing site or facility may pose challenges for these leavers, the predicaments they faced tended to be transient and perhaps could have been resolved with additional support from the residential staff and other mental health providers. In contrast, the departure of other situational leavers was due to deteriorating functioning status and/or their preference for more structure and services in their living arrangements. In such situations, provided that appropriate alternative living arrangements were available, departures from permanent housing among problem leavers could be considered a "positive" move.

As one would expect, the circumstances surrounding departure offered by involuntary leavers represent a more formidable concern for policymakers, service providers, and housing developers. Drug and alcohol use, failure to follow program rules and regulations, inability to manage one's own medication, and exhibition of dangerous behavior are some of the precipitating factors mentioned by both involuntary leavers and their service providers.

These unfavorable circumstances may indicate a mismatch between the functioning status of some permanent housing residents and the level of independence required in some permanent supportive housing settings. Moreover, some of the "complaints" from involuntary leavers regarding the stringency of program rules highlight the possible dissonance in expectations between permanent housing residents and support staff. The quality of resident-staff relationships may be an important factor predicting adverse outcomes of permanent housing residents. Finally, it is important to note that some involuntary departures may be attributable to external factors that cannot be controlled by permanent housing residents. For example, some involuntary leavers cited drug activity in their buildings and neighborhoods as a factor aggravating their substance use problems, leading to a downward spiral of relapse and, eventually, to discharge from permanent housing program.

Leavers could also be categorized by the level of independence afforded by the destinations to which they departed. Under this categorization, one-third of the leavers could be designated as "independent-housing leavers" who left permanent housing to independent living arrangement and other living arrangements (such as with family and friends) that are not associated with residential support. Another one-third of leavers would be designated "non-independent-housing leavers" who left permanent housing for either housing situations with more intensive residential support than permanent housing and institutional settings including homeless shelters, hospitals and correctional institutions. The remaining category includes those who departed to other or unspecified locations.

Post-Permanent Housing Residential Careers of Leavers

The post-permanent housing residential careers of leavers are closely related to the circumstances under which they left the permanent housing. As might have been expected based on the findings above, voluntary leavers are more likely to have stable post-permanent housing residential careers; they tended to live where they moved when they left permanent housing in the first place. Involuntary leavers, are more likely to have experienced residential instability; some involuntary leavers, in fact, do make their way back to permanent housing after several episodes of homelessness or more or less continuous stays in shelters. In addition to homelessness, involuntary leavers are more likely to have experienced stays in drug/alcohol treatment facilities and to have been hospitalized for psychiatric problems during their post-permanent housing residential careers. Aside from better residential outcomes, voluntary leavers tend to report lower housing costs than involuntary leavers. This might in part be explained by evidence that suggests that voluntary leavers are more successful in obtaining and retaining subsidized housing.

Analysis of post-permanent housing residential careers suggests that most leavers, regardless of their current residence, expressed relative satisfaction with their quality of life. The most prominent advantages of leavers' post-permanent housing careers, as expressed by the leavers themselves, are the sense of independence they feel in their new surroundings; the opportunity to work or to work more hours; the peaceful environment where they can "focus"; the ability to accommodate family; and the benefits of good location, convenience, and safety. The most prominent disadvantages of their current situations were drug activity in the building and neighborhood; persistent worry about eviction; and problems relating with neighbors.

Implications and Recommendations

The findings from this research suggest that departure from permanent housing is a complex phenomenon. Simple dichotomization of "leavers" and "stayers" is simply not sufficient to guide public policy in enhancing the effectiveness of permanent housing. In this project, departure from permanent housing was categorized according to the circumstances under which residents left permanent housing and by the destinations to which leavers were discharged. A substantial proportion of leavers moved to residences that required more independent living skills and less reliance on supportive services than the permanent housing program they left. These outcomes certainly underscored that a "leave" cannot be categorized as negative.

However, regardless of the criteria used, a significant portion of leavers from permanent supportive housing depart under unfavorable circumstances, are discharged to homeless or institutionalized settings or to community residential settings requiring higher level of supervision and care. One action response to this finding is to identify the risk factors associated with unfavorable departures from permanent housing and to design permanent housing practices and programs that respond to those risks.

Based on the integrated longitudinal data analyzed here, basic socio-demographic characteristics and generalized measures of level of functioning (such as the Global Assessment of Functioning) *taken at the point of entering permanent housing* do not effectively distinguish among stayers, leavers who depart under favorable circumstances, and leavers who depart under unfavorable circumstances. The "crude" nature of the assessment instruments may explain some of this lack of differentiation, particularly with regard to the measures for level of functioning and "capability of independent living." If real differences exist at intake but are not detected, more thorough assessment procedures should be introduced to identify which homeless individuals would benefit from various combinations of housing and support services.

The findings from this project suggest that service use during residents' tenure in permanent housing may turn out to be one of the most important predictors of either staying in permanent housing, leaving under favorable conditions or leaving under unfavorable conditions. As both the behavioral health service use administrative data and the interview data show, leavers who departed permanent housing under unfavorable circumstances were assessed by their residential support staff as having lower levels of independent living skills and requiring higher level of assistance and support. This finding is supported by the integrated longitudinal data, which indicate that "unfavorable" leavers were more likely to use ambulatory services (including intensive case management) and community residential services during their tenure in permanent housing.

The use of community-based behavioral health services aside, perhaps the most striking finding is the disproportionate use of homeless services, in-patient psychiatric services and emergency psychiatric services among leavers who did not fall within the category of positive discharges. The evidence of relapse experienced by leavers who departed permanent housing under unfavorable circumstances as indicated by hospitalization, return to homeless shelters, and use of emergency services, highlights the importance for residential support staff to recognize the "early warning signs" of potential "failure" in permanent housing. The challenge is for mental health support staff to develop and implement an effective intervention plan to help permanent housing residents who are at risk of "failing" in permanent housing due to relapse. It should be noted here that for permanent housing residents whose relapses are temporary, returning to the permanent housing program should be the intervention goal. But for those whose relapses represent an irreversible deterioration of functional and psychiatric status, placement in community residential settings with more structure and/or a higher level of supervision should be regarded as a successful exit from permanent housing.

The scenarios for leaving gleaned from the interview data reveal two sets of program-level characteristics and highlight the importance of environmental factors that may affect the likelihood of success among permanent housing residents. Housing environmental factors, including the extent of crime and illicit drug activity in the building and neighborhood, were mentioned by leavers as affecting their chance of staying sober and their capacity to manage stress, and consequently, their ability to stay in permanent housing. In contrast, leavers who appear to be successful in their post-permanent housing careers time and again cited the desirability of their housing and neighborhoods as helping them to stay "focused" and to avoid stressful situations. Accounts of adversarial relationships between residential support staff and resident, and inability to follow program rules, on the other hand, also emerge as precipitating

factors in a number of scenarios involving involuntary leaving. Importantly, both the housing characteristics pertaining to buildings and neighborhoods, as well as the support characteristics pertaining to resident-staff relationship and program rules, are factors that could potentially be modified to increase the duration of permanent housing stays and enhance the quality of life of permanent housing residents. Although this study did not find statistically significant impact for environmental factors this may be due to the fact that the data sets available to the researchers were too limited or too insensitive to reveal the effects. It is important to note that in the client interviews environmental factors were often mentioned by clients as important reasons for leaving or staying in permanent housing and further research in this area may be useful.

Based on the above conclusions and implications, the following recommendations are offered to improve the outcomes of permanent housing programming:

- Permanent supportive housing should continue to be a centerpiece of Federal government's effort to help end homelessness. Consistent with the literature and reflective of the data, permanent housing is the "housing of choice" for homeless mentally ill persons. Rent subsidies provided as part of the permanent housing arrangement enable residents to have access to resources, thereby enhancing their quality of life.

- Thorough assessment procedures should be used to match the support needs and preferences of permanent housing residents, as well as levels of independent skills among prospective permanent housing residents. Some evidence from recent literature indicates that even some people who experience chronic street homelessness can maintain independent housing with support from staff and with a minimal level of program requirements (Pathways in NYC, Tsemberis 1999; Tsemberis et al. 2003) if services and housing are tailored to the combination of needs and preferences of consumers. Recent data suggest that these clients may require significantly more support but additional research needs to be conducted on the effectiveness of the Housing First Model for particular populations and about which features of Housing First are essential and which are optional.

- Additional evaluations of clients should at least be conducted at two points: (1) when clients are seeking or accepting permanent housing and (2) when prospective leavers are seeking independent housing. These are two points at which the program may have its greatest leverage to influence a client's participation in supportive services or interventions designed to help the client sustain his/her permanent housing and/or achieve a stable residential career.

- An array of permanent housing programs is required to match the diverse needs and preferences of homeless mentally ill persons and the extent of structure and supervision that consumers need. Philadelphia's experience may offer an example in this regard, whereby, over time, the City's Office of Mental Health has diversified its housing offerings by converting traditional community residential rehabilitation programs that had moderate to maximum levels of supervision, into more independent strands of permanent supported housing. As permanent housing, these converted units offer

clustered apartments, often with peer support from consumers. Along with other permanent housing and Community Rehabilitation Residence programs, this housing stock offers a broad array of options for maximizing the goodness of fit between consumers and housing options.

- Housing agencies should create "early warning systems" to identify permanent housing residents at risk for unfavorable discharges. Hospitalizations, arrests, eviction warnings, or behavior that places a resident at risk of these events should trigger an intervention by the placement agency, housing agency, and support service staff. Upon such an event, an assessment should be made of the appropriate resident or support staff adaptations that could be made to ensure stability of a given placement, or of the alternative settings in which a resident should be placed. Clear protocols should be established which outline when and what proactive action should be taken at the time of resident-staff conflict or when residential instability is otherwise indicated.

- The non-positive outcomes and greater cost to serve involuntary leavers suggest undertaking further analysis to determine if there is justification to develop permanent housing specifically designed for repeat drug/alcohol abusers. Permanent housing residents "at risk" are often involuntary leavers who have a drug/alcohol relapse or are non-compliant with permanent housing rules. These residents are costly to serve during their post-permanent housing career. Although a smaller proportion of involuntary leavers use emergency services post-permanent housing than during their permanent housing-stay, their use of emergency services after departure is still more than three times greater than that of positive leavers.

- The provision of residential support services needs to be recognized as critical and integral components of permanent housing. Provision of a long-term housing subsidy is a necessary but not sufficient condition for success. Permanent housing residents have substantial physical and behavioral health needs for which appropriate and continuous support is critical to maintain independent living.

- Careful consideration should be made as to the location of permanent housing and should avoid placing permanent housing residents in neighborhoods with high crime rates and drug activities that inadvertently increase the risk of relapse for residents. Housing developers and residential support staff should also work hand-in-hand in order to improve the building environment (lessen the risk of alcohol/drug activities) and to provide a favorable environment for the recovery of consumers.

- The Federal government's effort to end chronic homelessness should include as an objective the re-engagement of homeless persons with SMI who left permanent housing. Continuum of Care application requirements could encourage re-engagement of such persons as a priority in funding decisions. The development of Homeless Information Management Systems (HMIS) for tracking homeless persons both in shelters and in permanent housing is a strong movement in the right direction, as such a system could theoretically enable a jurisdiction to identify people upon shelter admission who might meet this criterion.

- Research on the long-term outcomes of involuntary and voluntary leaving should refine the characterization of post-permanent housing careers over a longer period than the 12 to 24 months possible in this study. That kind of research will demand new and imaginative forms of tracking and engagement of people with serious mental illness who may not be using the services that are publicly available.

- Initiatives to help end homelessness should accommodate the desire by many current permanent housing residents to live in more independent housing. Permanent housing can accommodate this need via, for example, different configurations of support reflective of the current service utilization by leavers in their post permanent housing career. There are numerous benefits that can accrue from this progression including: 1) those who leave permanent housing are less reliant on federal and local resources and sometimes achieve total independence from services designated for formerly homeless persons, 2) the newly available resources are available to others, and 3) permanent housing "graduates" may be available to mentor current PH residents who aspire to be more independent.

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY

Introduction

Since passage of the Stewart B. McKinney Homeless Assistance Act in 1987, the provision of permanent housing with supportive services has been a major focus of the federal response to the needs of homeless people with disabilities. The long-term goal of the U.S. Department of Housing and Urban Development (HUD)'s homeless effort is based on the assumption that permanent community-based housing, coupled with supportive services, would foster the greatest stability, independence and self-sufficiency possible among formerly homeless individuals who are chronically disabled.

Although there is evidence that permanent housing reduces homelessness and improves housing stability among program participants (Ridgway and Rapp 1998), data from two national evaluations of HUD-funded permanent housing programs (Matulef et al. 1995; Fosburg et al. 1997) and the Department's Annual Progress Report (APR) suggest that housing tenure is neither permanent nor even long-term for a significant minority of program clients. Of particular concern is the supposition based on APR data that only half of permanent housing leavers depart for "ideal" housing situations (such as other subsidized rental housing, market-rate rental housing, and homeownership), and that the other half of leavers either share accommodations with relatives and friends, go to a jail, a psychiatric hospital, or a treatment facility, or return to the street and homeless shelters subsequent to departing from permanent housing.

The reality of limited tenure in HUD-assisted permanent housing for some portion of program participants raises important questions about the nature of HUD-assisted permanent housing programs and about the participant and program characteristics that predict leaving or staying in permanent housing. Moreover, understanding the circumstances surrounding departure from permanent housing and the post-permanent housing residential careers of leavers should help policymakers and practitioners to develop strategies to identify program participants who are not yet ready to move on to more self-sufficient housing situations and thus to avoid undesirable exits from permanent housing.

The present research effort was designed to address an important set of questions about the departure of previously homeless people with disabilities from permanent housing and their post-departure residential careers. Identifying the reasons for leaving permanent housing should inform policy and planning relating to chronic homelessness among people with disabilities. To this end, this project examined the phenomenon of departure from permanent housing from the following perspectives:

- The distinctive characteristics of permanent housing programs
- The circumstances of leaving and the post-permanent housing careers of leavers
- The factors associated with leaving permanent housing and post-permanent housing careers

Background

HUD-Assisted Permanent Housing

When Congress established the Stewart B. McKinney Homeless Assistance Act in 1987, the Secretary of the Department of Housing and Urban Development, in creating the Supportive Housing Demonstration Program (SHDP), was instructed to "carry out a program in accordance with the provisions of this subtitle to develop an innovative approach for providing supportive housing, especially to deinstitutionalized homeless individuals, homeless families with children, and homeless individuals with mental disabilities and other handicapped homeless persons." The Conferees who met to arrive at common legislative language between the House and the Senate included the provision for housing for the handicapped homeless to supplement the transitional housing component that had been in both the Senate and House bills. In the words of the Conference Report:

"This program [the Permanent Housing for Handicapped Homeless Persons program proposed in the House bill] would have enabled States to provide nonprofit organizations with grants to finance the acquisition and rehabilitation of property to serve as permanent community-based housing for handicapped homeless persons … The Conference report combines the Transitional Housing Demonstration Program and the proposed Permanent Housing for the Handicapped Homeless Persons with the Supportive Housing Demonstration Program. The Conferees emphasized that a central purpose of the SDHP is to meet the needs of deinstitutionalized homeless persons and persons with mental disabilities … The Conferees recognize that deinstitutionalized homeless persons and other persons with mental disabilities are among the most difficult segments of the homeless population to serve and, therefore, intend that special consideration be given to projects designed to meet their needs so that such projects will receive a significant share of the funding made available under this program.

The presumption underlying the Permanent Housing Program, then, was that the combination of permanent community-based housing and ongoing supportive services to homeless people with disabilities, many of them psychiatric in nature, would foster the greatest independence and self-sufficiency possible. A similar concept underlies the Shelter Plus Care (S+C) program established by the National Affordable Housing Act of 1990. The purpose of S+C was to "provide rental housing, in connection with supportive services funded from other sources other than this subtitle, to homeless persons with disabilities (primarily persons who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or have Acquired Immune Deficiency Syndrome and related syndromes) and families of such persons."

The third HUD funded permanent housing program for homeless persons is the Section 8 Single Room Occupancy (SRO) program. Under the program, HUD enters into Annual Contributions Contracts with public housing agencies (PHAs) in connection with the moderate rehabilitation of residential properties that, when rehabilitation is completed, will contain multiple single-room dwelling units. These PHAs make Section 8 rental assistance payments to participating owners (that is, landlords) on behalf of homeless individuals who rent the rehabilitated dwellings. Section 8 SRO residents in the aggregate share many of the special needs of residents of permanent housing and S+C projects. For example, of all adults entering Section 8 SRO housing

during 2001, 33 percent were reported by homeless providers to be affected by mental illness, 32 percent affected by alcohol abuse and 38 percent, drug abuse. The comparable proportions were 56 percent, 35 percent and 40 percent, respectively, for permanent housing program participants and 58 percent, 35 percent and 39 percent for S+C program participants. The principal difference is the high proportion of homeless people with mental illness in permanent housing- and S+C- supported units.

Since the establishment of Stewart B. McKinney Homeless Assistance Act in 1987, permanent housing has been a major focus of HUD programs that specifically serve homeless people. The combined funding for the Department's McKinney-Vento Act programs (including Emergency Shelter Grant, Supportive Housing, S+C, and Section 8 SRO programs) that contain no limits on length of stay, S+C, Section 8 SRO and the Permanent Housing component of the Supportive Housing Program, has over the lives of those programs made up approximately a third of all funding ($3.2 billion of $9.8 billion). Although the proportion of funding going to these three permanent housing programs has varied considerably from year to year, ranging from 17 percent in 1997 to 70 percent in 1993, the Department has responded to clear congressional direction to keep the permanent housing option at the forefront of HUD's homeless efforts, and approximately 45 percent or more of its funding effort (including the noncompetitive and short length of stay Emergency Shelter Grant (ESG) program) went to permanent housing in FY 2004.

Limited Length of Stay for Participants of Permanent Housing Programs

According to the APR, the annual reporting document for HUD-funded competitive homeless programs, about five percent of all adult participants of HUD-funded permanent housing for the homeless (including the Permanent Housing Program, the S+C Program and the Section 8 Single Room Occupancy Program) in program year 2004 left within the first two months after entry; another seven percent left in the period from three to six months; and nearly a quarter of all clients left within two years of entry. It appears that for many homeless people with disabilities, McKinney Act-supported permanent housing is not experienced as permanent.

When the homeless providers who are recipients of HUD homeless funding reported the destination of adult participants who departed permanent housing, 23 percent were reported as going directly to market-rate rental housing, 29 percent to subsidized rental housing and one percent to homeownership situations. On the other hand, there was a sizeable proportion whose destinations were less propitious. For example, providers reported that 20 percent of those departing were moving in, either permanently or on an interim basis, with families or friends; 10 percent were going to jail/prison, a psychiatric hospital or an inpatient alcohol or drug treatment facility, three percent departed for transitional housing, three percent to emergency shelters and one percent back to the street.

For most of those leaving HUD-funded permanent housing, their sets of benefits had not changed from the time they entered until they exited permanent housing; however, overall more people reported having an income after entering permanent housing. The percentage of all adult participants who left HUD-funded permanent housing projects and who had income increased from 12 percent at entry to 21 percent at departure; conversely, the percentage of people who left and who had no

financial resources declined from 29 percent at entry to 16 percent at departure. Other than that, the percent with other benefits, including mainstream social programs, increased minutely, if at all, from entry to departure.

There have been only two formal evaluations that have looked at HUD-funded permanent housing for homeless people with disabilities. Matulef et al. (1995) and Fosburg et al. (1997) provide some suggestive, if partial, findings related to length of stay of residents of permanent housing and S+C programs respectively and the immediate destinations of those residents who left during the term of the studies and their reasons for leaving. Matulef et al. (1995) concludes that 69 percent of Permanent Housing residents remained in the housing for at least one year; in contrast, 31 percent of Permanent Housing residents had left their residential situation in the 12 months before the research questionnaire was administered. About half of those who left entered stable subsidized or unsubsidized housing; a sixth went to live either stably or unstably with friends or family; and a third entered non-housing situations, such as hospitals, emergency shelters or the streets. Overall, they found little variation in the destinations of leavers based on whether they had left the housing voluntarily or involuntarily, with the exception that those residents affected by serious mental illness who left voluntarily were much more likely to be in permanent housing or with friends or family than those who had been dismissed. The authors indicated that "the length of time that these residents (residents who left their Permanent Housing project) remained in their new housing and the availability of supportive services to them there is unknown."

Based on early and fragmentary program information, Fosburg et al. (1997) concluded that most of the significant improvements in participant outcomes occurred early (that is, between the time of initial assessment and the three-month follow-up interview) in the residency of participants of S+C projects. While most of the improvements persisted from the three-month and the nine-month interviews, a few areas of improvement and a few declines were observed. The attrition rate of all S+C projects was 32 percent per year, that is, nearly one-third of the residents at the beginning of the year leave before the year is out. Over half of the residents in each of the first two years had remained in the S+C setting for at least six months. The most attrition occurred early at a resident's stay, that is, within the first six months. An equal proportion of the known reasons for departure were voluntary and involuntary.

In addition to data from the APR and the two formal evaluations just cited, several studies have been published in peer-reviewed journals, which document the departure rate (rate of leaving) and length of stay of program participants in permanent housing. Permanent housing programs included in these studies were not restricted to the three HUD-funded permanent housing programs. But regardless of funding sources, all programs shared the common feature of combining permanent community-based housing and with ongoing supportive services to a disabled homeless population. Based on a sample of 1,649 permanent housing residents who were also homeless veterans, Kasprow et al. (2000) found a departure rate of 16 percent within one year of entering into the program. In another study of 655 homeless veterans with psychiatric or substance abuse problems, Mares, Kasprow and Rosenheck (2004) found the average housing tenure to be 15 months over a three year period after entry. A highly publicized study of 139 New York City program participants in a SHP-supported Housing First setting by Tsemberis (1999), in contrast, found a consistently high program retention rate of 84 percent after a 30-month period. It needs to be said, though, that, in

contrast to the APR percentages cited above, Tsemberis is able to count as retentions people who left on an occasional basis (e.g., to a state hospital or drug treatment facility) and returned to the Housing first site. The APR as currently structured cannot capture such episodic circumstances. As a result, it is currently impossible to compare the Housing First retention rates with those of other permanent housing responses to the same population.

Characteristics Associated with Housing Instability and Leaving Permanent Housing

Prior research has provided limited and inconclusive information about participant and program characteristics associated with housing instability and departure from permanent housing. Kasprow et al. (2000) found female participants and participants whose case manager had made an effort to procure Supplemental Security Income (SSI) benefits more likely to be stably housed after one year in permanent housing than their counterparts. Four studies on the residential careers of the homeless mentally ill population found substance abuse to be a predictor of poor housing outcomes defined as housing instability or poor housing quality/conditions (Dickey et al. (1996); Goldfinger et al. (1999); Hurlburt, Hough, and Wood (1996); Tsemberis and Eisenberg (2000)). While Tsemberis and Eisenberg (2000) found a diagnosis of mood disorder to be associated with housing retention, Hurlburt, Hough, and Wood (1996) found no effect of psychiatric diagnosis on housing stability.

A related study of the housing and neighborhood characteristics of Section 8 housing units developed under the Robert Wood Johnson Foundation Program on Chronic Mental Illness (RWJ) (Harkness, Newman, and Salkever 2004) found the following environmental predictors of residential stability: (1) Newer and properly maintained buildings; (2) buildings with fewer units; (3) buildings with greater proportion of non-mentally ill persons; (4) neighborhoods with a higher proportion of renters; and (5) non-residential neighborhoods. Mares, Kasprow, and Rosenheck (2004), found that housing tenure, mutually agreed discharge (versus prematurely discharge), independence of housing and employment status more strongly predicted client outcomes than participant characteristics.

Research Questions

As reported above, housing tenure is neither long-term nor permanent for a significant portion of program participants of permanent supportive housing. But while the incidence of leaving permanent housing and the limited nature of housing tenure is well documented, little is known about the circumstances surrounding departure from permanent housing and the residential history of participants once they have left permanent housing. This study, we trust, will in some ways rectify that situation.

This project has identified three topical areas and their associated research questions critical to the HUD in its administration of permanent housing programs for homeless people with disabilities:

- **Characteristics of permanent supportive housing.** What are the distinctive characteristics of permanent supportive housing programs? Is permanent supportive housing a form of housing that permits long-term residency but in practice is used as transitional housing?

- **Circumstances of leaving and the post-permanent housing careers of leavers**. What happens to the formerly homeless people with disabilities who leave permanent housing and why do they leave? What do leavers' post-permanent housing residential careers look like over time? Do people who leave permanent housing voluntarily have different residential careers after permanent housing than those who leave involuntarily?

- **Factors associated with leaving permanent housing and post-permanent careers.** What factors, including the degree and nature of disability and the length of time without housing at the time of program entry, affect the prospect of leaving or staying in permanent housing? What factors, including the degree and nature of disability and the length of time without housing at the time of program entry, affect where leavers go upon departure from permanent housing?

Study Site Selection

The study site for this project is the City of Philadelphia, Pennsylvania. The study population is comprised of adults with serious mental illness who are participants of HUD-assisted and city-assisted permanent housing in the City[1].

Philadelphia was selected as the study site for several reasons. First, the City, through its Office of Mental Health (OMH), has a single-point of entry for gate-keeping referral and placement for all HUD-assisted and city-assisted permanent housing programs for adults with serious mental illness, the majority of whom reported a prior history of homelessness. The gate-keeping vehicle, the Access to Alternative Services Unit (AAS), conducts assessment and placement of applicants and monitors discharge of permanent housing leavers. This system permits researchers to track persons leaving permanent housing. Second, the City can claim one of the earliest and most comprehensive operational homeless management information systems (HMIS) in the nation. Since 1990, the Philadelphia Office of Emergency Shelter and Services (OESS), a public agency charged with managing emergency services for homeless people, has maintained a centralized mainframe database that collects and stores data on all people (including single adults and families) using OESS-funded shelter services. It is estimated that the OESS-funded services (and, therefore, the HMIS) cover about 85% of all shelter beds in the City. Third, access to a longitudinal integrated database developed by the University of Pennsylvania Center for Mental Health Policy and Services Research (CMHPSR) on publicly funded services across different service systems including homeless services, behavioral health treatment services and

[1] The eligibility criteria for permanent supportive housing in Philadelphia are as follows: (1) a primary diagnosis of major mental illness, including schizophrenia or major affective disorder, as ascertained by a psychiatric evaluation; (2) current residence in Philadelphia for at least six months, exclusive of any institutionalization; and (3) at least 18 years of age. In addition, depending on the type of housing subsidy available, psychiatric consumers have to demonstrate a prior history of homelessness or be currently homeless.

all residential services funded and managed by the City Behavioral Health System for persons with serious mental illness, enables the research team to track service use during different phases of permanent housing participants' residential careers—prior to entry to permanent housing, during permanent housing, and post-permanent housing exit (for leavers). Participant and service characteristics that are associated with leaving permanent housing and post-permanent housing residential careers can thus be identified. In addition to the longitudinal integrated database, information collected from a National Institute of Mental Health (NIMH)-funded study conducted by faculty members at CMHPSR was merged with the integrated database to examine the impact of housing program characteristics on staying in and leaving permanent housing[2].

The availability of a rich array of data notwithstanding, the findings from a single site (that is, Philadelphia) may not be generalizable to the universe of permanent housing nationwide in a strict statistical sense. Nevertheless, the diversity of permanent housing programs in operation in Philadelphia ensures that Philadelphia's experience reflects that of many of its other urban counterparts. Moreover, within the resources available, this project was able to maximize the likelihood of tracking a sample of clients of sufficient size to permit statistically significant findings. Arriving at a sample of permanent housing program participants, especially of leavers, requires the cooperation of the City, housing and case management providers and sample participants. Conducting the study in a single site facilitated such cooperation, thereby increasing the validity of the study findings by reducing the rate of refusal and sample attrition.

The Rest of This Report

Chapter 2 describes the methods employed in this project. Chapter 3 provides background on the Philadelphia behavioral health system and summarizes characteristics of permanent housing programs in Philadelphia, the incidence and timing of discharges from permanent housing. Chapter 4 focuses on the circumstances of leaving and the post-permanent careers of leavers by looking specifically at destinations to which leavers departed from permanent housing, the reasons and scenarios of leaving and the post-permanent housing residential careers of leavers, including a comparison between those who left voluntarily and involuntarily. Chapter 5 examines the factors associated with leaving permanent housing and post-permanent housing careers. Chapter 6 offers a summary and discusses the implications of our findings.

[2] The title of the study - "Community Integration of SMIs in Supportive Housing". The Principal Investigator (P.I.) is Y.L. Irene Wong, Ph.D., and co-P.I. is Phyllis Solomon. The study is supported by a three-year Research Enhancement Grant funded by the National Institute of Mental Health.

CHAPTER 2: METHODS

Introduction

This study used two tracking methods to collect data from leavers and stayers of permanent housing: (1) retrospective tracking using an integrated longitudinal administrative database of 943 individuals who had ever stayed in permanent supportive housing for persons with serious mental illness within the City of Philadelphia between January 1, 2001 and July 15, 2004 and (2) prospective tracking of 100 individuals who left permanent housing from February, 2003 to December, 2004; and (3) a comparison sample of 100 individuals who were current permanent housing residents as of January, 2005. We designed selection of both the retrospective and prospective tracking samples to maximize use of the integrated longitudinal database uniquely available in Philadelphia and to facilitate a workable strategy to track permanent housing leavers over an 18-month period so as to secure reliable information on post-permanent housing residential careers. Specifically, the use of the retrospective sample provides statistical power for a quantitative analysis of participant, service, and program characteristics that predict leaving and staying in permanent housing. Collection of interview data from participants and providers in the prospective sample provides quantitative as well as qualitative information on the circumstances surrounding departure from permanent housing and the post-permanent housing residential careers of permanent housing leavers. The development of the two data collection methods is discussed below.

Retrospective Tracking of Leavers and Stayers of Permanent Housing through the Integrated Longitudinal Administrative Database

Selection of the Retrospective Tracking Sample

All 943 persons who participated in Philadelphia's permanent housing programs for people with serious mental illness between January 1, 2001 and July 15, 2004 were selected into the retrospective sample. Among the 943 permanent housing residents, leavers were designated as those who left permanent housing anytime between January 1, 2001 and July 15, 2004. Stayers are designated as those who were not discharged from the permanent housing program during the same time period. Altogether, 385 are classified as leavers and 558 as stayers. The numbers of leavers for the calendar years 2001, 2002, and 2003 are, respectively, 109, 123, and 107. The number of leavers who left permanent housing between January 1, 2004 and July 15, 2004 was 46. The sample size of 943 participants is large enough to provide adequate statistical power for identifying participant, service, and program characteristics that predict staying in or leaving permanent housing.

To estimate the incidence and timing of leaving for residents who were entering permanent housing, a sub-sample of three cohorts *entering* permanent housing in 2001, 2002, and 2003 was selected from the total 943 residents. The numbers of permanent housing residents in the three cohorts are as follows: 152 in 2001, 134 in 2002, and 152 in 2003. Analysis of these three

cohorts gives a more accurate picture of the incidence and timing of leaving than using the entire retrospective sample of 943 residents. Including leavers who started their permanent housing career before 2001 but left after 2001 effectively underestimates the incidence of leaving while overestimating the length of stay in permanent housing among leavers.

The Integrated Longitudinal Administrative Database

This project employed an integrated longitudinal administrative database on publicly funded services to consumers in Philadelphia. The database was constructed using information from administrative data files from multiple service systems. These administrative data files were obtained through contractual arrangements between the University of Pennsylvania Health System's Center for Mental Health Policy and Services Research (CMHPSR) and the City of Philadelphia. This agreement, which permits use of these data sets for City-approved research projects, is subject to review and approval by City officials. This study received such approval. In addition, the agreement requires the approvals of both the University of Pennsylvania and the City Institutional Review Boards, which were obtained. Identified data are de-identified for all analysis purposes, and all staff that use these data sets sign confidentiality agreements. Further information about the data security issues is available from the CMHPSR. Both foundations and the federal government ((the National Institutes of Mental Health (NIMH)) have supported the development of the integrated longitudinal database over the last 11 years and have allowed researchers at CMHPSR to arrive at sophisticated computer algorithms that match individuals and services, using different identifiers across systems and over time. Community residential programs, City-funded behavioral health services, public shelters, and Medicaid-funded mental health services are in the database used for this study. The following is a description of the three administrative data sets: [3]

Client Reporting System (CRS)—The Office of Mental Health (OMH) is the mental health authority responsible for all publicly funded behavioral health programs in Philadelphia. All agencies record individual client level data on client characteristics at admission and discharge and client services by date, type, provider and unit of service. The residential placement file includes data on client identifiers, date of residential placement referral (including all permanent housing placements for formerly homeless people with serious mental illness), sources of referral, placement decisions, date of admission to and discharge from residential services, and information on the residential services such as type of programs, location and provider agencies.

Office of Emergency Shelter and Services Data (OESS)—The Philadelphia Office of Emergency Shelter and Services is the central agency for managing emergency services for

[3] In addition to these data sets, the research team attempted to acquire an automated data set from the jails in Philadelphia. Although data is available for 2003, prior years' data was adjudged unreliable and could not be used for this study. In previous work in New York, investigators found relatively few persons who were seriously mentally ill and homeless in the jail information systems. The research team also attempted to match the study cohort to the street outreach data which Philadelphia collects on homeless persons contacted by the street outreach teams. No matches were found with any of the leavers or stayers in the longitudinal data set in the street outreach data files. Although this finding is encouraging, it may not be very meaningful because the street outreach data has extremely limited identifiers and, therefore, cannot be used to draw conclusions about the number of leavers or stayers who may be "on the streets."

homeless people. Since 1990, OESS has maintained a centralized mainframe database that collects data on persons using OESS-funded shelter services (the database does not include shelters and other residential facilities for homeless people administered by the mental health system). According to best estimates, this covers approximately 85 percent of the citywide shelter beds. Information available in this database includes identifiers (name, date of birth, Social Security number, and Medicaid number), initial intake date, demographics, marital and family status, reasons for homelessness, last two addresses, characteristics of prior housing arrangement, emergency contact persons, names and ages of accompanying children, medical problems, and stay history information for all shelter episodes.

The Management Information System of Community Behavioral Health (CBH)—The City of Philadelphia controls all Medicaid (Medical Assistance) revenues for behavioral healthcare and provides Medical Assistance (MA) benefits to recipients. CBH also coordinates services provided through the City's public mental health and substance treatment services systems. This system provides micro-level client data on mental health, drug and alcohol abuse treatment, inpatient visits, all clinic and community support services, and pharmacy/prescriptions provided to Medical Assistance-eligible Pennsylvania residents.

For purposes of this study, we used five common identifiers to merge the administrative datasets: First and last names; sex; date of birth; and social security number. Segments of the first four identifiers were combined to create a unique identifier that was used to match cases across databases. Also, social security numbers were used to provide additional matches when the other identifiers were missing or contained erroneous data. All leavers and stayers of permanent housing in the retrospective sample were identified through the CRS residential placement file.

In essence, the team was able to track the program participants leaving and staying in permanent housing across all of these data sets. We were able to determine the services used by each individual participant, the sequence of services used, and the rate of service utilization for the retrospective sample.

Data Quality Issues of Longitudinal Integrated Database

Based on extensive experience with the administrative data sets, the CMHPSR is well aware of potential problems resulting from the use of secondary data sources collected for routine administrative use. Thus, drawing on the technical expertise from CMHPSR, the study was able to use a data management protocol that includes reliability and validity auditing of data elements and the maintenance of data standards. Algorithms linking individual participants across databases have been refined and tested extensively to ensure that linked information is for the same person.

Data Analysis

We analyzed integrated longitudinal data concerning the pre-permanent housing, during-permanent housing and post-permanent housing residential and service use careers of leavers, including the incidence and length of time spent in public shelter, inpatient psychiatric units, various outpatient and community rehabilitation services, and other publicly-funded residential

placements. In addition, we made comparisons between leavers and stayers to determine if there are significant differences between the two groups in socio-demographic and psychiatric diagnostic characteristics, residential and service use careers pre-permanent housing and during-permanent housing.

Following this descriptive analysis, we estimated the effects of individual and service predictors on staying in and leaving permanent housing using multivariate logistic regression. Characteristics included in the regression model were selected either as statistical control (for example, basic socio-demographics) or because of the statistical significance in the descriptive analyses. Socio-demographic and control variables that were included in the multivariate analysis are gender, age, race/ethnicity, and the time in permanent housing. Pre-permanent housing service use characteristics include public shelter stay and use of community residential services. During-permanent housing service use characteristics include inpatient and emergency services use and use of a number of outpatient services.

Prospective Tracking of Leavers and Stayers of Permanent Housing through Interviews

Initial Contact with Permanent Housing Programs

In February 2003, a letter from the research team containing background information about the study was sent to all participating permanent housing programs. The letter offered detail about how the permanent housing program staff would be asked to participate. Enclosed was another letter from the City Behavioral Health senior managers requesting permanent housing program cooperation. A meeting with the research team and each permanent housing provider to answer questions and encourage participation followed.

Recruitment of the Leaver Sample

Leaver recruitment efforts targeted two categories of leavers: (1) actual permanent housing leavers; and (2) prospective leavers. Targeted actual leavers comprised all those who departed from permanent housing programs in Philadelphia from February 2003 to December 2004. All actual leavers were identified by an updated cumulative permanent housing discharge list received biweekly from OMH staff. Agency case managers sent letters to those discharged from permanent housing to inform them of the interview study. Those interested in study participation were instructed to contact their residential support staff or, if they preferred, research staff directly. A research staff member followed up with interested leavers. Research staff described what the study was about, what participation would entail, and how much study participants would be paid. For those who had not contacted residential support staff to opt explicitly out of the study, residential staff would, where possible, follow up to assess interest.

Recruitment of prospective leavers primarily consisted of a three-pronged strategy: (1) direct mailing of study materials to “scattered site” permanent housing residents; (2) permanent housing case managers or other staff members would distribute materials describing the study at

venues/meetings with potential prospective leavers. If and when they became a leaver, they could then call research staff directly or indirectly through their permanent housing staff member; and (3) research staff called case managers and program directors biweekly to inquire about anticipated discharges and contact information for leavers living outside of the permanent housing program. Program cooperation varied from program to program. Additionally, once the study began, study participants occasionally provided contact information for friends or acquaintances (currently in permanent housing or anticipated discharges) who had indicated an interest in participating.

For those who consented to take part, research staff scheduled a time and place to complete the consent procedure and the interview. During the baseline interview, researchers asked study participants to provide contact information for five close contacts who might know their whereabouts and then asked the study participant to sign a participant tracking consent form. Study participants were told they had the right to refuse to provide the tracking information. The study participants were also presented with a consent form permitting the research team to contact them between sessions should they be admitted to a hospital, homeless shelter, jail or prison. Study participants were again alerted that they had the right to refuse to be contacted in these locations and that refusal to be contacted would not jeopardize their status as study participants.

Attempts were made to contact each study participant monthly, either in-person or by telephone, to track his/her residential history and the reason for staying or leaving his/her most recent residence after moving out of permanent housing. Each interview, including the baseline and follow-up, took about 20 minutes. Leaver participants were compensated with $20 cash for the first session and $10 for each monthly follow-up session. During each session, the research staff reminded participants to call the study's toll-free number should they move or change their phone numbers. They also attempted to coordinate the date, time and location of the subsequent month's interview. When interviews were conducted by phone, participants were asked to provide a mailing address to receive their compensation.

Information Collected at Baseline and Follow-Up Conversations with Permanent Housing Leavers

Information collected during the baseline conversations included: (1) the circumstances under which participants left permanent housing; (2) expectations of and experiences while in the permanent housing; (3) whether participants considered their departures voluntary or involuntary; (4) homelessness history; (5) type of residence to which they moved after leaving permanent housing; (6) living arrangements in their current residence (that is, living alone or living with family and friends); (7) whether they paid rent, mortgage or contributed to household expenses in their current residence, and, if so, how much; (8) current mental health support and services; (9) current income sources and employment status; (10) activities in which they currently engaged; (11) subjective assessment of their quality of life; and (12) basic demographics.

The monthly follow-up conversation guide included the following topics: (1) the residential history and employment history of the participants' subsequent to the last discussion; (2) the participants' subjective assessment of current quality of life; (3) current mental health support and services; (4) activities engaged in; (5) personal income sources; (6) feelings about their current residence; and (7) if they have considered returning to permanent housing.

Tracking Strategy Used to Increase Retention of Permanent Housing Leavers

Existing literature indicates homeless or formerly homeless persons can be very difficult to track (for example, *Trials, Tribulations and Occasional Jubilations While Conducting Research on Homelessness* by Toro, Wayne State Dept of Psychology, 2002). To maximize participant retention, research staff undertook a number of intensive strategies to locate permanent housing leavers who could not be contacted within two months after the previous interview. These strategies included checking names/identifiers against the OESS database to locate participants who used public shelter, using information from participants' relatives and friends, and locating participants who were institutionalized through contacts with jails and other local service agencies. Successful participant tracking required a proactive approach. The method employed adapted a method developed for a major clinical trial involving homeless mentally ill men in New York City (Susser et al. 1997), and used subsequently in two other studies of inner-city homeless people (Susser et al. 1995). The essential features of this approach included maintaining continuity of research personnel, frequent contacts with study participants, knowledge of a person's life style, triage to target residentially unstable study participants for more intensive follow-up, incentives, and adequate training and supervision of research staff. The study design included monthly contact of participants. The intent of this design was to increase retention and interview completion rates among participants. Those difficulties were experienced primarily because current contact information was unavailable and/or the network of family and friends lost contact with the participant. The research team also fostered its contacts with field case managers and outreach staff within the community who could potentially alert us to status and location of "lost" leavers.

Even with a carefully crafted consent procedure and rigorous tracking strategies in place, we encountered potential participants who refused to participate in the study (as participation was voluntary) and were unable to maintain contact with some participants who initially agreed to participate. The research team anticipated that refusal and attrition would be more serious among leavers who departed from permanent housing involuntarily and/or because of unfavorable circumstances. We "tracked" those who refused and participants lost between interviews using the integrated longitudinal database and examined whether permanent housing leavers who refused to participate or who were lost in the follow-up were significantly different from permanent housing leavers who completed the interview study and found no statistical demographic differences between the groups.

Recruitment of the Stayer Sample

In August 2004, we began recruiting and interviewing permanent housing stayers. We sent letters to permanent housing agency administrators and then followed up with phone calls to ensure receipt of the mailings and verify provider willingness to cooperate. Next the names and

personal identifier codes of potential participants for the stayer sample were provided to permanent housing staff.

Research staff derived the stayer list by matching interviewed leavers with stayers using the demographics in the integrated longitudinal administrative database. Leavers and stayers were matched by gender, race, birth year, and date of admission into permanent housing. Staff then computed a similarity score between each interviewed leaver and all unmatched stayers. Stayers were targeted for recruitment into the study if they matched the similarity score of a participating leaver.[4] Two matches were generated for each leaver to ensure there was a back-up matched stayer. Residential support staff then attempted to contact the primary matched stayer to obtain consent for contact. Support staff confirmed his/her status as a stayer, informed the stayer about the study and offered each the opportunity to participate. If the primary match proved unwilling or unable to participate, they then pursued the secondary match.

Permanent housing stayers who consented to participate in the study were contacted by the research team or, at times, initiated contact with the research team themselves. During initial contact, a time and location to complete the consent procedure and conduct the one-time interview was scheduled. Staff conducted only baseline interviews with stayers. Each interview took about 20 minutes. Participants were given $20 upon interview completion.

Information Collected at Interviews with Permanent Housing Stayers

Information collected at interviews with permanent housing stayers covered the following topics: (1) the situation under which each participant entered permanent housing; (2) personal homeless history; (3) current living situation/arrangement; (4) current mental health support and services; (5) activities in which he/she is currently engaged; (6) current income sources and employment status; (7) current rent payment; (8) subjective assessment of one's quality of life; and (9) client preference for staying in permanent housing or moving to another living arrangement.

Challenges the Project Faced in Participant Recruitment and Tracking

The recruitment period lasted approximately 24 months (Leavers - February, 2003 to December, 2004; Stayers – September, 2004 to January, 2005). Overall, the goal of the recruitment effort was to maximize participation and retention in the study. We experienced lower than expected participation and retention rates among leavers. This was a function of a number of recruiting challenges, including: (1) as it worked out in practice, participants needed to be recruited via an intermediary third party, that is, permanent housing residential support staff, since they were the source of access to residents; (2) reluctance of some residential support staff members to inform their clients about the study; (3) unwillingness of some potential participants to participate because they were unwilling to share information about themselves; (4) the mental condition of

[4] Stayers targeted for recruitment in the project were those that have a "4" (4 of 4 variables matched) or "3" (3 of 4 variables matched) in the similarity score. The stayer with the highest similarity score was matched to the leaver being evaluated.

some potential participants at some points compromised their ability to participate meaningfully in some scheduled discussions, thereby demanding rescheduling; and (5) contact information was sometime outdated or unavailable. Additionally, there were obstacles which affected both the recruitment and retention of leavers, such as: (1) the initial belief among some participants that the interviewer had input or influence on their housing situation. Some simply did not want to continue when it was made clear to them that the interviewer would have no influence on their housing; (2) "involuntary" discharged leavers were most difficult to contact or track given they were less likely to have a stable post-permanent housing residence; and (3) additionally, some involuntary leavers left their permanent housing residence on very unfavorable terms and unavoidably associated the research team with their negative relationship with the permanent housing program.

Participation and Refusal Rates of Leavers and Stayers (Baselines)

Among the 259 individuals identified as leavers in Philadelphia between February 2003 and December 2004, 15 (6%) died prior to contact from the research team. Generally, in Philadelphia, permanent housing residents who have terminal health conditions are discharged to a hospital/hospice. Most of these patients left permanent housing because of these significant health conditions and were admitted to another facility for care. We have no evidence to suggest that departure from permanent housing settings precipitated these deaths.

An additional seven individuals (3% of 259) were eventually confirmed not to be leavers but permanent housing residents who had been formally transferred to another program. Five permanent housing leavers were later identified to have experienced two discharges during the period of the study. In other words, they left permanent housing, were readmitted to the program and subsequently left again. In the longitudinal database study, these clients are included but for the interview study the second leaving was included for tracking purposes. Thus, among the 237 leavers who were eligible and potentially available for the study, 42 percent agreed to participate and were interviewed, 36 percent declined to participate upon contact, and we were simply unable to contact 22 percent.

The permanent housing leaver population is difficult to track even with an administrative database, in part because: (1) many leavers, whether voluntary or involuntary, are reluctant to share personal information. Voluntary leavers may want to disassociate themselves from their homeless past, and involuntary leavers are frequently not interested in communicating with their previous permanent housing provider or case manager, particularly if they believe their discharge was unfair; (2) permanent housing providers do not always maintain contact and/or do not have current contact information for their leavers, and especially so if their departure was negative; and, (3) there is a lag time between changes in the residence, services or disposition of leavers and when they are recorded in the administrative databases, a circumstance which limits the effectiveness of the administrative database for "real-time" tracking.

Among the 213 stayers selected into the sample, 100 (47%) consented to be interviewed and 113 (53%) declined to participate. As discussed above, follow-up interviews were difficult; out of a

possible 1,011 monthly opportunities, 532 (53%) monthly follow-up discussions were conducted. Overall, 31% (30) of study participants averaged one follow-up interview (FUP) per month; 39% (37) averaged one FUP every two months; 16% (15) averaged one FUP every four months; 4 % (4) averaged one FUP every six months; 6% (6) averaged one FUP every +six months; and 4% (4) never completed a FUP.

Consumer Background Form Filled by Residential Support Staff

Aside from the leaver and stayer interviews, the project obtained information about study participants' characteristics and circumstances of leaving (for leavers only) from residential support staff that filled out a consumer background form for each participant. Either a permanent housing case manager who had been assigned to the consumer or his/her immediate supervisor would fill out the background form. In general, they are social workers or counselors with graduate degrees and, of all provider staff, have the most direct relationship with the consumers. The information collected included: (1) the circumstances under which participants left permanent housing (for permanent housing leavers only); (2) whether the staff person considered a participant's discharge voluntary or involuntary (for permanent housing leavers only); (3) the perceived level of functioning and behavioral characteristics of participants (for permanent housing leavers and stayers); (4) type and intensity of services the participants have received while in permanent housing (for permanent housing leavers and stayers); and (5) psychiatric diagnoses as reported by providers (for permanent housing leavers and stayers).

CHAPTER 3: CHARACTERISTICS OF PERMANENT HOUSING PROGRAMS FOR PERSONS WITH SERIOUS MENTAL ILLNESS IN PHILADELPHIA, PENNSYLVANIA

Introduction

In the first chapter, we pointed out that having a single point of entry for all HUD-assisted and City-assisted permanent housing programs for adults with serious mental illness was one of the key reasons for the selection of Philadelphia, Pennsylvania, as the study site of this project. In Philadelphia, the Office of Mental Health (OMH) manages access to HUD- and City-assisted permanent housing for persons with serious mental illness. The Access to Alternative Services (AAS), an administrative unit within the OMH, acts as a centralized gatekeeper, conducting assessment and placement of applicants, as well as monitoring discharge of permanent housing leavers. Other persons with mental illness may have access to HUD-assisted permanent housing through other service systems such as the AIDS Activities Coordinating Office (AACO) or the Office of Emergency and Shelter Services (OESS) because their primary disabling condition may be a physical disability, HIV/AIDS or chemical dependency and their mental illness a secondary co-morbid condition. However, individuals with the most disabling and chronic forms of mental illness requiring long-term psychiatric supports have access to permanent housing programs primarily through the public mental health system.

This chapter gives an overview of the distinctive characteristics of permanent housing programs within the mental health system in Philadelphia. The chapter begins by giving a brief background of publicly-funded community-based mental health services in the city and permanent housing programs for persons with serious mental illness. This is followed by a description of the key characteristics of permanent housing programs using data collected for a federally-funded study on community integration of persons with serious mental illness in permanent housing. Lastly, we examine the incidence and timing of departures from permanent housing using the integrated longitudinal tracking data collected as part of the current project.

Our summary notes that Philadelphia has been responsive to the growing needs of the homeless community by utilizing HUD and local funding to expand its permanent housing programs. The programs created/expanded have different configurations of housing and service components to address the unique needs of the homeless mentally ill population. The “support” element of the programs is considered essential to promoting the independence of their residents. As part of this overall program development, the City’s behavioral health system created a housing development corporation (1260 Housing Development Corporation) specifically designed to increase the pool of housing for persons with psychiatric disabilities that has successfully added a significant number of permanent housing units for mentally ill homeless persons. The housing has been developed in diverse neighborhoods that tend to have lower household incomes, higher incidences of crime, and higher proportions of rental units than does the city at large. However, the 113 neighborhoods where permanent housing residents lived are not any more distressed than the total of 1,816 neighborhoods in the city. Although permanent housing has been designed to fulfill the long-term housing needs of formerly homeless persons, about three of ten leave during the first 18 months of residence and half do by 30 months. It is this population of “leavers” that is the principal focus of this study.

Background of the Study Site: Mental Health Services and Permanent Housing

Public Mental Health Services in Philadelphia

The public mental health system in Philadelphia has evolved over the past four decades in response to the emerging needs of persons with severe and persistent mental illness. Two important and inter-related forces have shaped community mental health services, as well as the permanent housing programs for persons with serious mental illness (SMI): (1) the national trend of deinstitutionalization, as evidenced by the closure of public psychiatric hospitals and the growth of community-based support services; and (2) the emergence and persistence of homelessness as a major social problem.

The roots of deinstitutionalization in the U.S. can be traced to the 1950s, in the wake of powerful documentary evidence of the abuse and neglect of people with mental handicaps (that is, developmental disabilities, SMI & dementia) in state institutions. The deinstitutionalization movement encouraged policies shifting people with mental handicaps from confinement in hospital settings towards provision of services at the community level. The psychiatric patient populations in public mental hospitals in the U.S. declined nearly eightfold from an estimated 560,000 patients in 1955 to about 72,000 in 1994 (Manderscheid and Henderson 1996). In Philadelphia, as in much of the U.S., there have been two distinct periods of deinstitutionalization; the first, largely in the late 1970's and early 1980's, was characterized by an absence of planning for the patients discharged from the hospitals and a lack of adequate community resources to care for them post-discharge. This crisis in public response eventually manifested itself in public perception that homelessness was the direct result of mental health policy. The deeper roots lay largely in the antiquated financing structures of mental health services where no funding followed the clients into the community and an almost complete clinical and ideological disjuncture between the federally funded and managed community mental health centers and the state operated and funded state psychiatric hospitals (Hadley 1996; Stiles, Culhane, and Hadley 1996). Neither state mental health authorities nor community programs were ready for this shift, and, in Philadelphia, like much of the rest of the U.S., it took many years of public policy struggle and service system realignment to develop a reasonable community system.

The second generation of deinstitutionalization is best exemplified by the closure of Philadelphia State Hospital (PSH), the only public psychiatric hospital in the city, in June 1990. The closure of PSH signaled a new stage in the deinstitutionalization movement. Whereas previous hospital closures led to the consolidation of psychiatric patients among state hospitals, all patients of PSH were targeted for discharge into the community and all future state hospital admissions in Philadelphia were to be diverted into community-based services. Most importantly, the State of Pennsylvania transferred 100% of the funding that had been used to support PSH to the City's Behavioral Health System (BHS) to plan and create new and appropriate services for both the discharges and the diversion groups. Ninety-six percent of all eligible PSH patients were successfully placed into a variety of community living arrangements, including supported apartments, group homes, scattered apartments, and structured long-term residences. Several

studies of this placement process have been completed and have found most patients to be living in the community and most very satisfied with their arrangements. A study currently underway is examining the long-term outcomes for this cohort, and preliminary results indicate the vast majority are still living in the community. A diversion system was also established to provide services for ex-PSH patients, as well as for prospective psychiatric patients who meet the eligibility criteria of PSH patients (Rothbard, Richman, and Hadley 1997). The diversion service system can be characterized as a comprehensive service network with various components, including case management, housing, mental health treatment, rehabilitation services, health and dental care, family, peer, and community support, and protection and advocacy.

During that same period, homelessness emerged as a national social problem, and serious mental illness was persistently viewed by the American public as a major contributor to that epidemic. In response, the Philadelphia mental health system developed an array of community residential programs to meet its housing and service needs by leveraging funding from various levels of government and private foundations (Culhane, Averyt, and Hadley 1997). These residential programs include 320 progressive demand residence placements, low demand relatively unstructured group residential settings designed to encourage on-the-street homeless people to enter the care system; 145 mental health shelter placements targeted exclusively for the homeless mentally ill population; and approximately 2,000 other residential placements, ranging across locked facilities, group homes, and scattered-site apartments for mentally ill consumers who may or may not have experienced prior homelessness[5].

Permanent Housing Programs for Persons with Serious Mental Illness

Permanent housing designated for persons with serious mental illness was introduced in Philadelphia in 1987 as a result of the City's participation in the Robert Wood Johnson (RWJ) Program on Chronic Mental Illness, a program that focused on system integration of mental health services through the creation of local mental health authorities (Goldman 2000). As one of nine cities in the RWJ Program, Philadelphia was provided with an allotment of 125 Section 8 housing vouchers from HUD to subsidize rents for individuals with serious mental illness so that they could afford housing. The 1260 Housing Development Corporation, a non-profit quasi-government agency created under the auspices of the local mental health authorities, was established to develop and manage permanent, low-cost housing for persons with serious mental illness.

HUD has played a major role in permanent housing programs in Philadelphia. From 1987 to 2004, the Department awarded homeless providers and the city agencies of Philadelphia over $92 million in permanent supportive housing funding through the Supportive Housing Program (SHP) and Shelter Plus Care (S+C) program funds. It is important to note that the $92 million does not include other HUD programs that could support people who are both homeless and seriously mentally ill (for example, the Section 8 Single Room Occupancy, Emergency Shelter Grants, Section 202, Community Development Block Grants, Supportive Housing Program, and HOME supports). The major support HUD provides for permanent housing signals the

[5] For a more extensive description of the array, see Appendix E of HUD report Strategies for Preventing Homelessness

importance of understanding permanent housing programs in Philadelphia and how they affect homeless people with serious mental illness.

While the pivotal role played by the federal government in funding permanent housing for the homeless mentally ill population is unequivocal, state and local governments have also contributed significantly to the development of permanent housing programs in Philadelphia. Specifically, they have provided funding for permanent supportive housing at the closure of the Philadelphia state psychiatric hospital, funding targeted to the homeless mentally ill population as part of the City's Sidewalk Ordinance (CSO), and funding for support services to match the housing subsidies provided by the federal government.

Within the City's mental health community residential system, permanent housing has grown tremendously from the original 125 Section 8 units in 1987 to a capacity in 2003 of 652 units in 28 programs. The community residential system is a continuum of community living and service arrangements, including long-term structured residences, specialized residences for consumers with a co-occurring disorder, transitional group homes, supervised apartments, and supported independent living (SIL). Community residential support services constitute a critical component of the mental health system, comprising 51% of the OMH's budget (personal communication with Lawrence Klugman, 2004). Within the residential continuum, permanent supportive housing (or SIL in the terminology of the OMH) has the least structured level of care and supervision and is designated for mental health clients capable of living independently with non-facility-based support.

Permanent supportive housing differs from congregate community rehabilitation, transitional housing and group home settings by providing a long-term housing subsidy. Delivery of supportive services for most permanent housing residents is not facility-based in that most of the residential support teams are mobile teams and do not have offices in the buildings where consumers' apartments are located.[6] Residents of permanent housing pay up to 30% of their income in rent and are expected to stay in their housing as long as they fulfill their tenancy obligations and demonstrate an adequate level of functioning in the community.

Applications for permanent housing targeted for persons with serious mental illness are processed through the AAS unit, which conducts assessments and placements for all applicants of community residential programs. Applicants for permanent housing with AAS must meet the following criteria: (1) a primary diagnosis of major mental illness, including schizophrenia or major affective disorder, as ascertained by a psychiatric evaluation; (2) current residence in Philadelphia for at least six months, exclusive of any institutionalization; and (3) at least 18 years of age.

Homeless applicants who do not have a diagnosis of schizophrenia or major affective disorder may have access to other HUD-funded permanent housing units in the homeless service system (OESS) or in the HIV/AIDS service system (AACO), provided that they satisfy the eligibility criteria of permanent housing in these two systems, which include other forms of disability such as substance abuse problems, physical disabilities, and HIV/AIDS. Applicants who do not

[6] Only a quarter (23.3%) of permanent housing residents had residential support teams located in the building where their residence was located.

satisfy the residency requirement are eligible once they reach the six-month tenure. Conditioned on the availability of housing subsidy and service support, potential permanent housing applicants of AAS who meet eligibility criteria are offered a housing subsidy and a choice of housing units. Permanent housing applicants who experienced prior homelessness are eligible for HUD-funded or city-funded housing subsidies targeted to the homeless mentally ill population and for other non-HUD-funded subsidies. Permanent housing applicants who have never experienced prior homelessness are eligible for non-homeless-designated subsidies only.[7]

Although housing subsidies are an essential component of permanent housing in Philadelphia, the operation of permanent housing is not organized by sources of housing subsidy. Instead, permanent housing programs are organized by residential support teams, which are operated by agencies specializing in mental health services. These residential support teams are expected to provide the same level of support and services to both homeless and non-homeless clients. As our data in the following section show, permanent housing programs may serve their clients with both HUD-funded and non-HUD-funded subsidies. Unfortunately, administrative data available in the community residential system does not differentiate permanent housing residents by the sources of funding, so homeless persons cannot be separated out for analysis.

There are some general requirements regarding income requirements for housing subsidies. In Philadelphia, the Residential Planning Team (RPT) has determined that clients must have an income of less than $1,000 per month to be accepted for placement into any Office of Behavioral Health (OBH)-subsidized placement. However, there are caveats to this requirement; specifically, if the client has either an extraordinary financial need (for example, pays for all of his own medications or pays child support, and so forth., thus reducing his disposable income) or an extraordinary clinical need (for example, has a relatively high number of inpatient stays/days), they could be eligible for housing subsidies.

As regards financial eligibility, generally there is no differentiation between HUD-funded and non-funded programs. However, it is preferred that clients generally have an income equal to or greater than Supplemental Security Income (SSI) (that is, over $500 per month). The belief is that these clients would be less likely to fail than those who are only on public assistance (that is, about $205 per month).

Characteristics of Permanent Housing Programs for Persons with Serious Mental Illness

This section describes program characteristics central to the operation of permanent housing programs in Philadelphia. These characteristics include sources of housing subsidy, ownership of housing units, and neighborhood characteristics of housing units, provision of residential support services, and the housing preferences of permanent housing residents.

The data presented here were collected as part of a National Institute of Mental Health (NIMH)-funded study conducted by faculty members from the Center for Mental Health Policy and Services Research (CMHPSR). It should be noted that the NIMH-funded study is entirely

[7] Note that it is very unusual for permanent housing applicants to directly receive a Section 8 voucher upon entry into the program. Permanent housing participants usually get access to Section 8 after they're in the permanent housing program for a while, and then apply successfully for the voucher.

independent of this project, with data collected for a different purpose, that is, to examine community integration of persons with serious mental illness in supportive housing, and with a different methodology, a cross-sectional survey of current residents of permanent housing programs. Nonetheless, the target population of the NIMH-funded study, permanent housing residents in Philadelphia, overlaps with that of this project.

Provider-level and consumer-level interview data are the primary sources of information, which are supplemented by administrative and census data. Interviews with 28 permanent housing support services providers were conducted between July 9, 2002 and May 12, 2003. Interviews with a cross-sectional sample of 252 permanent housing residents from all except two of the 28 programs were conducted between July 19, 2002 and December 30, 2003. The 252 study participants were all residents in their apartments for six months or more.

Definition of Permanent Housing Programs

As previously mentioned, consistent with the definition used in the mental health system in Philadelphia, permanent housing programs were identified by residential support teams, which provide support services to individuals with serious mental illness who held HUD-funded or city-funded housing subsidies and stayed in permanent housing. As noted, in 2003 (the start date of this project), there were 28 permanent housing programs, or 28 residential support teams, providing services to 652 permanent housing residents.[8] The occupancy rate of permanent housing at the time was 86 percent (that is, 558 residents). An enumeration of the capacity and occupancy of the 28 programs is contained in columns 1-2 of Table 3.1.

[8] It should be emphasized again that the permanent housing programs are identical to residential support teams or programs, and that the mental health system defines programs by support team, not according to sources of subsidy.

TABLE 3.1: CAPACITY, OCCUPANCY, HOUSING SUBSIDY, & HOMELESSNESS

Program	Capacity	Occupancy	HUD SHP	HUD S+C	HUD Section 8	Other HUD	Local (OMH & others)	No Federal Funding	SHP and/or S+C	% Homeless	# of Participant
1	24	24			X					*no info*	0
2	61	45	X	X	X		X		X	73.9%	23
3	10	10					X	X		20.0%	5
4	3	2					X	X		100.0%	2
5	9	7					X	X		50.0%	4
6	10	8					X	X		16.7%	6
7	22	20	X (sole source)						X	80.0%	10
8	25	21	X	X	X	X			X	80.0%	10
9	72	59	X	X	X		X		X	53.3%	30
10	12	11					X	X		20.0%	5
11	48	44	X		X	X	X		X	70.0%	20
12	26	26	X	X		X	X		X	83.3%	12
13	8	6				X	X			75.0%	4
14	6	5		X					X	50.0%	2
15	62	52	X		X	X	X		X	57.7%	26
16	20	20	X (sole source)						X	*no info*	0
17	21	19	X	X	X	X			X	72.7%	11
18	6	6	X				X		X	33.3%	3
19	12	12	X (sole source)						X	40.0%	5
20	11	10	X				X		X	60.0%	5
21	6	6					X	X		100.0%	3
22	13	8					X	X		40.0%	5
23	20	17	X		X		X		X	62.5%	8
24	35	31			X		X			71.4%	14
25	17	12					X	X		66.7%	6
26	64	30	X		X		X		X	46.7%	15
27	21	19						*no info*		60.0%	10
28	18	18	X			X			X	62.5%	8
# of programs / persons	652	558	15	6	9	7	17	8	16	155	252
Percentage			53.6%	21.4%	32.1%	25.0%	60.7%	28.6%	57.1%	61.5%	

Sources of Housing Subsidy

Columns 3-7 of Table 3.1 gives a breakdown of the different types of housing subsidies held by residents of the 28 permanent housing programs. Fifteen of the 28 permanent housing programs (54%) reported to have residents receiving housing subsidies from HUD's SHP, six programs (21%) reported housing subsidies from the S+C program, seven programs (25%) reported housing subsidies from other HUD programs[9], and nine programs (32%) reported having residents with HUD-Section 8 certificates. Only eight programs (30%) reported having no federal housing subsidies for any of their clients. (See Table 3.1)

A closer look at the funding sources reveals that only three permanent housing programs reported having all their clients with one source of HUD housing subsidy, all with subsidies from SHP.[10] In contrast, most of the HUD-funded permanent housing programs reported having other sources of housing subsidies for some of their residents, including Section 8 and OMH-funded subsidies. In fact, some of the larger permanent housing programs started as smaller programs with local funding only (that is, OMH housing subsidies). Providers of these programs then contracted with HUD via the S+C or SHP funding mechanism and took in permanent housing residents with homeless-designated housing subsidies.[11] For example, the majority of residents in one permanent housing program held HUD-SHP subsidies and lived in seven different housing sites while the minority of the program residents has OMH-funded housing subsidies. In contrast, two programs were targeted exclusively for homeless mentally ill clients but were funded through subsidies from the local government and received no HUD subsidies.

Ownership of Housing Units

The 1260 Housing Development Corporation (1260 HDC) was the major provider of housing units for permanent housing residents in Philadelphia. As mentioned above, the 1260 HDC was established with 125 Section 8 vouchers designated for persons with serious mental illness allotted by HUD as part of the RWJ Program. By 2003, the 1260 HDC had become the owner of more than 1,000 units and 90 buildings in the city and had expanded its tenancy base to individuals with other disabilities as well as market tenants.

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[9] Unfortunately, providers from the seven programs did not specify what the other HUD programs were.

[10] It is not clear as to why two of the three programs funded exclusively through HUD'S SHP program do not serve an exclusively homeless population, a program eligibility requirement. It should be noted, however, that the percent of permanent housing participants who ever experienced homelessness was based on self-reports, which were known to be susceptible to recall bias. One of the three programs did not have residents participate in the NIMH-funded study.

[11] Formerly homeless permanent housing residents assisted under the S+C and Supportive Housing Programs cannot port their subsidies outside the community. Some funded under the S+C were able to obtain regular Section 8 vouchers and, therefore, returned the subsidy to the provider. In such an instance, the AAS would find another eligible resident who satisfied the eligibility criteria of the S+C program.

Among 556 current permanent housing residents who had valid address information[12], the majority (57%) lived in apartments that were either owned or master-leased by the 1260 HDC. About one-quarter (23%) of permanent housing residents lived in housing units that were owned/managed by market realtors or private landlords, which were master-leased via the residential support teams. For both the 1260 HDC and residential support programs, master-leasing from market realtors or private landlords entails the signing of the lease by the provider with the realtors or landlords and then sub-leasing the units from the provider to permanent housing residents. Permanent housing residents under the master-leasing condition sign their rental contract with and pay monthly rent to their provider (either 1260 HDC or the residential support team). A few mental health agencies (four agencies) owned and managed their own apartment buildings for consumers served by their residential support teams (a total of nine teams), providing housing units to another 20% of permanent housing residents.

Neighborhood characteristics of housing units

The 556 permanent housing residents lived at 170 unique addresses and in 113 census block-groups in the city.[13] As Figure 3.1 shows, 73% of the permanent housing residents were located in five geographic areas in the city, including West Philadelphia, Near Northeast, Lower North Philadelphia, Center City and the Far Northeast. Although Center City ranks only fourth in the number of permanent housing residents, substantial clustering of permanent housing residents in Center City was observed, due to its smaller size relative to other geographic areas. Most of the permanent housing residents in West Philadelphia were clustered in University City, a neighborhood comprised of multiple block-groups, and four colleges or universities (University of Pennsylvania and Drexel University), Philadelphia University of the Sciences and the Restaurant School.

A comparison was made between the neighborhood characteristics of the permanent housing residents and the city population (1.518 million people) using census block-group data (Stanhope and Wong 2005; Stanhope, Wong and Hillier 2005).[14] Neighborhood characteristics include median household income, proportion of renters, crime rate, and the extent of racial and income diversity. The average median household income of the block-groups where permanent housing residents lived was $27,214, compared to the $31,990 of the city. Permanent housing residents also lived in neighborhoods with a higher proportion of renters (a mean of 0.57, compared to 0.39 of the city average) and with a higher crime rate (mean crime rate of 85.89 per 1000 people, compared to 67.06 per 1000 people in the city overall). There is, however, a higher level of racial diversity (Index of Qualitative Variation [IQV])[15] of 0.50 for permanent housing

[12] One of the two permanent housing residents with no address information was reported missing and the other was in prison.

[13] Block-groups are census units comprising of several street blocks. A census tract is comprised of roughly five block-groups. In Philadelphia, there are 381 census tracts and 1816 block-groups. A block-group has an average population of 840 persons.

[14] Because permanent housing is considered "normalized" and permanent housing, we found the comparison with the overall city population to be appropriate.

[15] IQV is a ratio of the amount of variation actually observed in race/income distribution of a block group to the maximum variation that could exist in the race/income distribution. Race and income distributions

residents compared to 0.42 for the general population) and income diversity (IQV of 0.92 for permanent housing residents compared to 0.82 for the general population) in the block-groups where permanent housing residents live than the general population. All the above-stated differences between permanent housing residents and the general population are significant at the 0.05 level using one-sample t-tests.

In addition to neighborhood characteristics, access to 25 different types of community resources (including health care facilities, commercial establishments, government offices, gardens, faith-based organizations, and social and cultural organizations) were measured within a half-mile radius of the 556 housing units of permanent housing residents and compared to a control group of 500 units selected randomly from the city's housing stock. Results suggest that permanent housing residents were living in housing units with significantly higher levels of resource accessibility than the control group (t = 8.683, $p < .0001$).

Residential Support Services Characteristics

Twenty-eight residential support teams, which are identical to permanent housing programs, provide support services to maintain independent living in permanent housing. The overall mission of these teams is to enable permanent housing residents to live independently in the community through skills development and by linking consumers to community-based mental health services. They began operation at various times from 1986 to 2001.

We classify permanent housing programs as either "scattered-site" or "clustered-site" programs based on the dispersion of housing units. Clustered site programs are those serving all permanent housing residents within one building site or multiple buildings clustered in a single neighborhood. Scattered sites serve permanent housing residents in various neighborhoods in the City. According to this definition, 12 of the 28 permanent housing programs were scattered-site programs, and 16 were clustered-site programs. The total capacity and occupancy of the 12 scattered-site teams was 407 and 329, compared to 245 and 229 for the 16 clustered-site teams. Scattered-site support teams served, on average, more consumers than clustered-site teams (27 consumers for scattered site compared to 14 consumers for clustered-site).[16]

Program capacity and occupancy vary substantially among the 28 residential support teams, ranging from three to 72 and from two to 62 for occupancy (refer to column 1-2 of Table 3.1). Staffing information on 27 of the 28 teams was available through the provider interviews. The 27 teams employed a total of 72 full-time and 129 part-time staff members. After adjusting the differential efforts of full-time and part-time staff, the

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are, respectively, constructed as two 3-category variables. The categories for race are: white, black, and others; the categories for income are: low (< 15,000), medium (15,000- 44,999), high (50,000 & higher).

[16] The statute for the Permanent Housing program defines permanent housing as community-based housing that provides long-term housing and supportive services for not more than eight homeless people with disabilities in a single structure of contiguous structures or up to 16 such persons, but only if not more than 20 percent of the units in a structure are designated for such persons. The dispersion of housing sites is consistent with the statute for Permanent Housing program.

total number of full-time equivalent staff for the 27 teams is 115. Considerable variation exists in the intensity of staffing among the 27 teams, with the number of consumers per staff person ranging from 1.05 to 11.33. The mean number of permanent housing residents per staff person was 5.48. More than half (56%) of staff members are residential case managers, specialists, or counselors, 29% were program supervisors or directors, 9% were administrative assistants/secretarial staff or maintenance staff, and 6% are other staff, including drug and alcohol specialists, social workers, and medical staff.

Housing Preference of Permanent Housing Residents

In-person interviews with 252 current permanent housing residents provided information on housing preference. Housing preference of permanent housing residents is an important variable to be considered in this study because prior research has found perceived consumer choice to be a significant predictor of success in housing through its positive association with housing satisfaction and residential stability (Ridgway and Rapp 1997; Tanzman 1993; Tsemberis et al. 2003). Specific to this project, housing preference information gives some idea about permanent housing residents' desire to move to another residence or have other living arrangements (for example, living alone or living with family members) should they be given the opportunity to do so.

When permanent housing residents were asked whether or not they would like to be living in their current place a year from now, only 40% answered affirmatively. Moreover, an overwhelming majority (81%) of permanent housing residents in the study expressed the preference not to live with other mental health consumers, while 10.6% indicated that they would and 8.6% that it did not matter to them. Nearly half (46%) of the permanent housing consumers expressed a preference to live with family members, including spouse/romantic/partner/significant other, adult family members or relatives, and consumers' own children under 18 years of age.

How do the housing preferences of permanent housing residents compare to their current living situation? Table 3.2 provides answer to this question. The table is split into two parts. The first cross-tabulates current living situation with preferred living situation in regard to living with other mental health consumers. The second cross-tabulates current living situation with preferred living situation in regard to living with family members. We did not include living with friends and other non-family members because of the small number of residents who were either currently living or expressed a preference for living with friends and other non-family members (other than mental health consumers).

TABLE 3.2: CURRENT LIVING SITUATION & PREFERRED LIVING SITUATION (N = 252)

A. WITH OTHER MENTAL HEALTH CONSUMERS

	Current Living Situation		
Preferred Living Situation	**With other mental health consumers**	**Not with other mental health consumers**	**Total for preferred living situation**
With other mental health consumers	16 (29.6%)	10 (5.2%)	26 (10.6%)
Not with other mental health consumers	32 (55.3%)	166 (86.9%)	198 (80.8%)
Does not matter	6 (19.1%)	25 (7.9%)	21 (8.6%)
Total	54 (22.0%)	191 (78.0%)	245 (100%)

Chi-square = 28.11; $p < .0001$
Note that 7 observations have missing data.

B. WITH FAMILY MEMBERS

	Current Living Situation		
Preferred Living Situation	**With family members**	**Not with family members**	**Total for preferred living situation**
With family members	34 (85.0%)	82 (38.7%)	116 (46.0%)
Not with family members	6 (15.0%)	130 (61.3%)	136 (54.0%)
Total	40 (15.9%)	212 (84.1%)	252 (100.0%)

Chi-square = 29.06; $p < .0001$

As the data indicate, permanent housing residents who were currently living with other mental health consumers were more likely than those who were not to express a preference to live with other consumers. In a similar fashion, permanent housing residents who were currently living with family members were more likely than those who were not to express a preference to live with family members. The chi-square statistics of the two sets of associations are both significant at the 0.0001 level. Despite the significant and positive association between current and preferred living situations in regard to other mental health consumers, it is important to note that more than half (55%) of permanent housing residents who were currently living with other consumers preferred not to do so. Likewise, among those permanent housing residents who were not currently living with family members, more than one-third (39%) would prefer to do so. Overall, our findings on housing preferences underscore the significance of consumer choice in the development of permanent housing programs.[17]

[17] It is important to note that the Housing First model, which places an emphasis on housing choice and consumer preference, has been proposed as an alternative to more clinically managed residential programs (Hopper & Barrow, 2003; Tsemberis, 1999). In Philadelphia, two permanent housing programs adopting the Housing First model have been operating after the onset of this study.

The housing preference data analyzed above conclude the description of characteristics central to the operation of permanent housing programs in Philadelphia based on the NIMH-funded study. In the next section, we will be reporting on the retrospective tracking data collected from the current research project.

Departures from Permanent Housing: Incidence and Timing

The findings presented in this section address one of the key questions asked in this project: *Is permanent housing a form of housing that permits long-term residency but in practice looks like transitional housing but for a narrower eligible population?* To answer this question, we used the retrospective tracking data collected from the integrated longitudinal database.[18] Recall from Chapter 2 that all 943 persons who participated in Philadelphia's permanent housing programs between January 1, 2001 and July 15, 2004 and whose admission date was before December 31, 2003 were selected into the retrospective sample. Leavers were designated as individuals who left permanent housing between January 1, 2003 and July 15, 2004, while stayers were those who were currently in permanent housing as of July 15, 2004.

Incidence of Discharges from and Admissions to Permanent Housing (Entire Retrospective Sample)

The integrated longitudinal tracking data indicate that among the 943 permanent housing residents, 385 (41%) are leavers and 558 (59%) are stayers. The numbers of leavers for the calendar years 2001, 2002, and 2003, are, respectively, 109, 123, and 107. The number of leavers who left between January 1, 2004 and July 15, 2004 is 46.

Table 3.3 breaks down the tracking data into three groupings: the number of current permanent housing residents on the first day (January 1) of the calendar year, the number of admissions during the year and the number of discharges during the year for 2001, 2002, 2003, and 2004 (up to July 15). In each of the three years (2001 – 2003) when complete data are available, the number of admissions exceeds the number of discharges, resulting in an increase in occupancy for permanent housing programs. As column 1 of the table shows, the number of current residents at the start of the calendar year increased by 20 percent from 505 persons in 2001 to 604 persons in 2004.

[18] We used the retrospective tracking data because of the complete coverage of all leavers and stayers in the three and a half years of the project. Note that the in-person interview data only tracked a sub-sample of the leavers who departed from permanent housing after January 1, 2003 and who agreed to participate in the prospective tracking study.

TABLE 3.3: DATA ON CURRENT RESIDENTS, ADMISSIONS & DISCHARGES

Calendar Year	No. of current residents on Jan. 1 of the year	No. of admissions during the year	No. of departures during the year
2001	505	152	109 (16.6%)[19]
2002	548	134	123 (18.0%)
2003	559	152	107 (15.1%)
2004 (up to July, 2004)	604	Figures not available	46 (N.A.)

Types of Discharges from Permanent Housing

Table 3.4 reports discharges by type from permanent housing as recorded in the "disposition codes" in the integrated longitudinal database. These disposition codes are reported by the provider agency at client departure and entered in the database by the City. The most frequently cited destination of discharge is from permanent housing to independent and other community arrangements, including living with spouse/significant others, family members, and friends (30.4%). Interestingly, a substantial portion of permanent housing discharges are without any specified destination or with the whereabouts of the leavers unknown to the permanent housing program (29.6%). Nearly one-quarter (23.6%) of the 385 leavers were discharged to congregate community-based settings, signaling more intensive level of care and supervision. About five percent of the discharges were due to the death of the resident. Fewer than five percent of the discharges were recorded as the following: hospital settings (4.7%), correctional settings (3.4%), and homelessness (2.9%).

[19] Percent of discharges based on total of current residents as of January 1st of the year plus admissions during the same year.

TABLE 3.4: TYPES OF PERMANENT HOUSING DISCHARGES

Type of Discharge	Frequency	Percent
Independent & other community arrangements	117	30.39
Living alone/independent	71	18.44
Site moved to new address	4	1.04
Spouse/significant other	11	2.86
Living with parent/guardian	10	2.60
Other friends/family	21	5.45
Congregate settings	91	23.64
MH residential program	61	15.84
Dual diagnosis residential program	8	2.08
Drug and alcohol residential program	10	2.60
Boarding home	11	2.86
Nursing home	1	0.26
Hospital settings	18	4.68
Extended acute care unit	7	1.82
Community inpatient	9	2.34
State hospital	2	0.52
Correctional institution	13	3.38
Homelessness	11	2.86
Shelter	9	2.34
Street	2	0.52
Other/unknown	114	29.61
Other unspecified location	26	6.75
Whereabouts unknown	88	22.86
Deaths	21	5.45
Total	385	100.00

Timing of Discharges from Permanent Housing for a Sub-sample of Three Entering Cohorts

The analysis of the timing of leaving permanent housing is based on a sub-sample of three cohorts entering permanent housing in the calendar years of 2001, 2002, and 2003. Analysis based on entering cohorts yields more accurate estimates of the timing of discharges than using the entire retrospective sample of 943 residents. This is because the absence of information on leavers who entered at the same time as permanent housing residents currently in permanent housing in January 2001 but who left before the start

date of study leads to an overestimate of the length of stay in permanent housing among stayers and yields inaccurate estimates of the incidence of leaving.

Table 3.5 provides the percentages of the three entering cohorts who left permanent housing at five cumulative time intervals: 1) within 6 months; 2) within 12 months; 3) within 18 months, 4) within 24 months, and 5) within 30 months. Because of the variation in coverage of information between the admission dates of members of the three cohorts and the date of recording the last departure (which is July 6, 2004), the duration of tracking leavers varies for each cohort. For example, residents who entered permanent housing in 2001 have a minimum tracking period of two and a half years, whereas residents who entered in 2003 have a minimum tracking period of six months.

TABLE 3.5 PATTERNS OF DISCHARGE FOR THREE ENTERING COHORTS

Cumulative Time Interval	2001 cohort (n=152)	2002 cohort (n=134)	2003 cohort (n=152)
Percent left within 6 months	11.18	11.19	6.58
Percent left within 12 months	24.34	24.63	N.A.
Percent left within 18 months	33.55	33.58	N.A.
Percent left within 24 months	41.45	N.A.	N.A.
Percent left within 30 months	48.03	N.A.	N.A.

As the data indicate, the timing of departure for the 2001 and 2002 cohorts is almost identical for the first three time intervals. For each of the two cohorts, about 11 percent left permanent housing within six months, close to a quarter left within one year, and about one-third left within 18 months. Among residents of the 2001 cohort, for which tracking data are available for at least 30 months, two in five residents left permanent housing within 24 months and nearly one-half left within 30 months.

From the table, one can observe that there is a lower incidence of leaving during the first six months for those who entered permanent housing in 2003. Due to the limited length of observation, incidence of leaving for beyond six months is unavailable.

Summary

The development of permanent housing programs in Philadelphia, Pennsylvania, coincides with a period of time when HUD initiated, expanded, and maintained its funding for permanent housing programs for homeless persons with serious mental illness. The community residential system under the administration of Philadelphia's OMH has been successful in leveraging resources from HUD and the local government to expand its permanent housing programs to meet the housing and service needs of its target population. As a result, a majority of the 28 permanent housing programs in the mental health system rely partially or entirely on HUD-funded housing subsidies. Most of the permanent housing residents reported a prior history of homelessness.

Permanent housing programs embrace a variety of approaches that differ in housing and service characteristics. Notwithstanding the between-program differences, provision of residential support to enable permanent housing residents to live independently in the community through skills development and by linking consumers to community-based mental health services is the defining feature of the permanent housing programs. The "support" component of permanent housing programs is seen as critical for facilitating the residential stability of their residents, as well as enhancing their integration into the community. The residential support teams aside, the 1260 HDC is another key player in the development of permanent housing programs. The remarkable expansion of the 1260 HDC in the nearly two decades since its founding has supplied permanent housing residents with a substantial pool of decent and affordable rental units and provided a reasonable degree of housing choice for these residents.

Permanent housing residents lived in 113 census block-groups out of 1,816, with the majority of them distributed in 5 areas of the city. Compared with the Philadelphia general population, permanent housing residents lived in neighborhoods with a higher degree of racial and income diversity and have access to more community resources. Although permanent housing neighborhoods have lower median household income, higher crime rates, and proportionately more renters than an average Philadelphia neighborhood, it is important to note most of permanent housing neighborhoods are not located in areas of the city with the highest levels of social and economic distress (Stanhope and Wong 2005).

Although permanent housing in Philadelphia is a long-term housing arrangement for a significant portion of permanent housing residents, the incidence of leaving is about 30% during the first 18 months and 50% after 30 months of residence. Information on permanent housing residents' housing preference provides some plausible interpretation of leaving, especially those under favorable conditions when residents are given a choice. It is intriguing that more than half of current permanent housing residents would like to be living in a different place a year from now. Moreover, nearly half of permanent housing residents would like to be living with family members and other relations (other than unrelated mental health consumers), despite the fact that less than one in six was currently able to do so. The housing preference expressed by residents is indicative of their intention to leave permanent housing programs or move on to another residence or living arrangement should an alternative situation arises. The other side of the story is that some permanent housing residents have to leave because of an undesirable situation. In the next chapter, we will explore the different circumstances of leaving among residents who departed permanent housing. We will identify and examine both positive and negative scenarios of leaving, as well as, the post-permanent housing careers of leavers.

CHAPTER 4: LEAVING PERMANENT HOUSING—CIRCUMSTANCES OF LEAVING AND THE POST-PERMANENT HOUSING CAREERS OF LEAVERS

Overview

In the previous chapter, we found that departure from permanent supportive housing is a relatively common phenomenon among permanent housing residents with serious mental illness in Philadelphia. Using data drawn primarily from the prospective tracking sample of 96 leavers, this chapter builds on this finding by providing a detailed account of the circumstances surrounding their departure from permanent housing and the post-permanent housing careers of these leavers.

The chapter is organized in two sections. The first describes the circumstances of leaving among the members of the prospective tracking sample. Specifically, we look at the destinations to which the 96 leavers were discharged and their living situation at the time of departure. Based on the leavers' and their residential staff's responses regarding the circumstances of leaving, two groups of leavers—voluntary and involuntary leavers—are identified. We then report what factors appear to differentiate voluntary and involuntary leavers. To complement the quantitative findings, we present a number of "leaver" scenarios based on a review of the qualitative responses of leavers.

The second section of the chapter examines the post-permanent housing careers of leavers. The quantitative data used in describing the post-permanent housing careers are drawn from both the prospective tracking sample and the retrospective tracking sample (recall that 385 residents left permanent housing from January 1, 2001 through July 15, 2004). Whereas the prospective tracking data focus on the living situations of leavers over time, retrospective tracking data provides information on service use (based on administrative data) after permanent housing residents left their programs. To augment the quantitative information on post-permanent housing careers, qualitative characterization of leavers' post-permanent housing careers is explored using excerpts from notes generated from the tracking interviews of study participants.

Overall, we find that leaving permanent housing is multidimensional both in terms of the reasons for leaving and the post-permanent housing residential career. The post-permanent housing residence of the majority of leavers tracked in the prospective sample required a greater level of independence than was required in the permanent housing itself. Those who did not move to more independent living appeared to maintain residential stability – only 10% had to transition into other housing after their initial post-permanent housing residence**.**

Leavers can be categorized into multiple sub-categories that are related to their skills to live independently and their need for greater support and service when they resided in permanent housing. Not surprisingly, those who have less independent living skills and need greater support generally have less favorable housing experiences after leaving permanent housing.

Circumstances of Leaving

Destinations of Departure from Permanent Housing and Living Situation upon Departure

Table 4.1 describes the type of residence and various indicators of living situation reported by 96 participants at the baseline interview. The findings suggest a rather favorable picture of departure from permanent housing among the 96 participants. About two-thirds (66%) of the sample were in regular community living situations in an apartment or a house with or without subsidy, in single room occupancy (SRO), or sharing a residence with family or friends. One-quarter (25%) of the sample departed to congregate community residences, signaling more intensive level of care and supervision than permanent housing programs, and only one in fourteen (7%) of the sample reported to be homeless or in an institution. Of course, these positive findings are circumscribed somewhat by the fact that we were able to track only a subset of the leaver population, even for the baseline interviews.

TABLE 4.1: BASELINE RESIDENCE & LIVING CIRCUMSTANCES AFTER LEAVING PERMANENT HOUSING

Variable	Category	Baseline (N= 96)
Type of current residence	Apt./House w/subsidy	55%
	Apt./House w/o subsidy	2%
	Community Residence	11%
	Single Room Occupancy	2%
	Other Residence	8%
	Share residence w/family or friends	7%
	Detox/Drug and Alcohol Rehab	6%
	Institutions	1%
	Homeless	6%
Feelings about current residence	Delighted/Pleased	43%
	Mixed/Mostly Satisfied	40%
	Terrible/Unhappy/Mostly Dissatisfied	17%
Assessment about quality of life	Delighted/Pleased	51%
	Mixed/Mostly Satisfied	39%
	Terrible/Unhappy/Mostly Dissatisfied	10%
Employment	Received income from employment	21%
Volunteer work	Did volunteer work	26%
Day program	Attended a structured day program	37%
Mental health service	Used a therapist	63%
Supplemental Security Income	Received supplemental security income	66%
Food Stamps	Received Food Stamps	21%
Monthly income	Mean monthly income	$660
Monthly rent	Mean monthly rental paid	$203

Some of the aforementioned destinations would appear to represent a positive outcome, such as an apartment or house, and others a negative outcome, such as homelessness or

prison/jail. However, the favorability of all destinations is not equally clear. The follow-up surveys included a question about the leaver's feelings about his/her current residence. A seven-point semantic scale ranging from "delighted" to "terrible" (delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy and terrible) was employed. Focusing on the most satisfied category (delighted/pleased) provides some insight on how the leaver categorizes his/her residence. The most satisfied leavers are those living alone without a subsidy, and the least satisfied are those living in institutions. However, it is perhaps noteworthy, even given the small numbers involved, that it appears a greater proportion of leavers are satisfied with "other residence", for example board and care home, nursing home and other (53% vs. 19%) and "single room occupancy" (SRO) (48% vs. 5%) than are dissatisfied. Conversely, an equal proportion of leavers are satisfied and dissatisfied with "sharing a residence" (22% vs. 26%). Half of all those in drug/rehab were satisfied (52%), and the other half considered it a neutral experience (48%). No one indicated dissatisfaction with his/her presence in a drug/rehab facility.

As the data in Table 4.1 indicate, since leaving permanent housing, nearly two-thirds (63%) were currently engaged in mental health services through seeing a therapist. Less than half of the sample was involved in the following activities: 37% attended a day program for mental health consumers; 21% engaged in paid employment; and 26% engaged in volunteer work. Most of the 96 permanent housing leavers were receiving income support at the baseline interview after leaving permanent housing—66% received Supplemental Security Income (SSI) and 21% received Food Stamp. Finally, as a group, the retrospective sample was generally satisfied after leaving permanent housing. Only 10% reported to be feeling mostly dissatisfied with their quality of life, and 17% reported dissatisfaction with their current residence.

Identification of Subgroups of Leavers—Voluntary and Involuntary Leavers

Two subgroups of leavers—voluntary and involuntary leavers—were identified based on the leavers' and program staff's characterization of the circumstances surrounding the departure from permanent housing. Voluntary leavers are, in general, permanent housing residents who have plans to leave, find their leaving desirable, and have the concurrence and support of the housing and program support staff in that opinion. Involuntary leavers are those who were asked/forced to leave the permanent housing for a variety of reasons; leaving was the choice of the housing provider and the program staff rather than the resident.

There were several instances in which the leaver categorized his/her leaving as voluntary and program staff categorized it as involuntary. In those cases, the leave was categorized as involuntary per the program staff's assessment. There were no instances in which the program staff categorized the leave as voluntary but the leaver categorized it as involuntary.

Using the above definition, 59 (61%) of the leavers were categorized as voluntary leavers and 37 (39%) were categorized as involuntary leavers. The two groups of leavers do not differ in basic demographics, including age, gender and race. The median age of the 96

leavers is the mid-forties, and there were more females (59%) than males (41%). Two-thirds of the sample was Black/African American, slightly more than one-quarter (27%) was White, and 6% was of other races.

Comparison of Voluntary and Involuntary Leavers

Four key attributes pertaining to the circumstances surrounding the departure of permanent housing residents were compared between voluntary and involuntary leavers: (1) reasons given for leaving; (2) behavioral characteristics of leavers; (3) leavers' level of skills in independent living, and 4) support and services received from residential support staff during leavers' permanent housing tenure.

Reasons for Leaving Permanent Housing—Eleven possible reasons for leaving permanent housing were posed by the interviewers to help distinguish among the various circumstances of departure.[20] Each interviewee could provide multiple reasons for discharge. Of the list of reasons given, "opportunity to move to more desirable housing" was the most frequently mentioned reason, with nearly half of the leavers endorsing this reason. The next two most frequently mentioned reasons were "got sick, was hospitalized" and "asked to leave" (each was selected by 31% of leavers). Approximately one in five leavers, respectively, mentioned "program wasn't what I expected" (20%) and "got high/drunk" (18%) as the reasons for leaving. This is followed by "rules too strict" (15%) and "did not get along with roommate or other residents" (10%). Less than 10% of leavers mentioned the following as reasons for leaving: "got upset, damaged property" (8%), "got in trouble, was arrested" (6%), "residence too far from public transportation" (5%), and "got upset, hurt someone" (4%).

Comparing voluntary and involuntary leavers indicates statistically significant differences between the two groups for four out of the 11 reasons for leaving permanent housing (panel 1 of Table 4.2). Consistent with the expectation that involuntary leavers left permanent housing for more adverse circumstances, these leavers were more likely to have been asked to leave housing, got high or drunk, and got sick and were hospitalized. In contrast, nearly two-thirds (63%) of voluntary leavers, compared to one-fourth (24%) of involuntary leavers, perceived leaving permanent housing as an opportunity to move to more desirable housing.

[20] The questions regarding "reason for leaving" were structured differently for the program staff. The program staff was asked an open-ended question about the circumstances of leaving and a close-ended question (Yes or No) about whether the "leave" was voluntary or non-voluntary.

TABLE 4.2: COMPARISON OF ATTRIBUTES OF VOLUNTARY & INVOLUNTARY LEAVERS

	Voluntary			Involuntary	All leavers
	Total	Opportunity Seeker	Situational Leaver		
Variables/Items	(N = 59)	(N = 38)	(N = 21)	(N= 37)	(N = 96)
Reasons for Leaving (% indicated "yes" by client)					
Opportunity to move to more desirable housing***	63%	76%	38%	24%	48%
Asked to leave***	15%	5%	33%	57%	31%
Got sick, was hospitalized**	20%	8%	43%	47%	31%
Got high/drunk**	10%	5%	19%	30%	18%
Behavioral Characteristics (% indicated "yes" as reported by provider)					
Psychiatric diagnosis of schizophrenia**	34%	39%	21%	67%	47%
Psychiatric diagnosis of bipolar disorder*	36%	45%	14%	10%	26%
Substance abuse**	15%	15%	13%	47%	27%
Assaultive behavior*	0%	0%	0%	10%	4%
Other antisocial behavior**	0%	0%	0%	17%	6%
Level of Independent Living Skills (% rated by provider as never/rarely able to perform the task)					
Food management***	4%	3%	7%	37%	17%
Money management***	8%	6%	13%	47%	23%
Planning & organizing time***	8%	9%	7%	43%	22%
Medication management***	6%	3%	13%	37%	18%
Self-care & self-preservation***	4%	3%	7%	7%	5%
Use of public transportation***	6%	3%	13%	20%	12%
Support and Services from Staff (% indicating more intensive support than an average mental health client as rated by provider)					
Transportation***	13%	3%	33%	20%	15%
Dealing with crisis***	23%	18%	33%	60%	37%
Making appointments for medical/psychiatric care**	19%	9%	40%	50%	31%
Connecting with social services**	13%	12%	13%	43%	24%
Dealing with stress and emotional upset**	25%	18%	40%	53%	36%
Employability/employment skills**	13%	15%	7%	34%	21%
Medication management*	13%	6%	27%	43%	24%
Development of natural support networks*	10%	6%	20%	37%	21%
Food management*	8%	3%	20%	38%	19%
Self and personal care*	15%	9%	27%	40%	24%

Note: Chi-square; Statistical significance: $^{\#}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Behavioral Characteristics of Leavers—Residential support staff was asked to provide information on the behavioral characteristics of permanent housing leavers. These behavioral characteristics include psychiatric diagnosis and problematic behaviors that

are considered to be risk factors for leaving permanent housing. As the second panel of Table 4.2 indicates, involuntary leavers were more likely to have a diagnosis of schizophrenia but less likely to have one of bipolar disorder. Involuntary leavers were also three times more likely to have a substance abuse problem than voluntary leavers. Moreover, while none of the 59 voluntary leavers were rated as having problem with assaultive and other anti-social behavior, 10% and 17%, respectively, of involuntary leavers were reported to have these undesirable behaviors while in permanent housing.

Level of Skills in Independent Living of Leavers—Six areas of life skills considered critical to the maintenance of independent living were compared between voluntary leavers and involuntary leavers. These include food management (that is, plans personal menus, purchases food, plans meals, and cleans-up, and so forth), money management, planning and organizing time, medication management, self-care (that is., bathes, grooms, toilets, dresses, ambulates, and so forth) and self-preservation (responds appropriately to personal danger), and use of public transportation. The skills were rated by residential support staff with the response set of: (1) often or always able to perform the task; (2) sometimes able to perform the task; and (3) never or rarely able to perform the task. Only the percentages of those who never or rarely able to perform the various tasks were reported for the sake of economy.

The findings (refer to panel 3 of Table 4.2) indicate striking differences between voluntary and involuntary leavers in all six areas of independent living skills. Whereas less than 10% of voluntary leavers were rated as never or rarely able to perform any of the six tasks, more than one-third of involuntary leavers were rated as never or rarely able to perform four of the living skill tasks.

Support and Services from Residential Support Staff— The higher proportion of involuntary leavers never or rarely able to perform the tasks associated with the six areas of independent living compared to voluntary leavers, might have meant that involuntary leavers would receive more intensive support from the residential staff. Residential support staff is expected after all to adapt and deliver support based on the unique and individual needs of permanent housing residents. For each of the 96 leavers, a residential support staff member was asked to rate the degree to which different types of support and services were provided. The response choices were constructed in reference to an "average" client. These choices included: (1) much less or slightly less than average, (2) average, and (3) much more or slightly more than average. We compared the percentages of voluntary and involuntary leavers whom residential support staff reported to have provided more intensive support during their permanent housing tenure (that is, percentages that fall into the "much more or slightly more than average" category).

Consistent with our expectation, involuntary leavers were more likely to receive intensive support from residential support staff in all 11 areas of support and services than voluntary leavers (refer to Panel 4 of Table 4.2). Indeed, in all but one of the areas, involuntary leavers were more than twice as likely to receive intensive support than voluntary leavers. For example, three in five involuntary leavers (60%) received support in dealing with crisis that is much more or slightly more than an average client (the

highest percentage among the 11 items). In contrast, one in four voluntary leavers (23%) received such a level of support. Whereas less than one in ten (8%) of voluntary leavers received more intensive support from their residential support staff with regard to food management, nearly two in five (38%) of involuntary leavers were in need of such level of support. Overall, voluntary leavers appear to be more independent than their involuntary counterparts and, consequently, received less support and services from program staff.

Scenarios of Leaving

We created these scenarios of leaving permanent housing based on a systematic review of the interview data from the prospective tracking sample. In addition to the responses to the close-ended questions, open-ended questions were asked of leavers and residential staff to describe the circumstances surrounding departure from permanent housing programs. The qualitative responses to the open-ended questions were recorded and categorized to construct scenarios of leaving.

In the following, we present scenarios of leaving for involuntary and voluntary leavers. In addition to the involuntary leavers, we split the voluntary leaver category into two subcategories, "opportunity seekers" and "situational leavers." The scenarios for the involuntary leavers evidence the challenges of maintaining residential stability; the scenarios for the opportunity seekers manifest their intent to continue to improve their lives by leaving permanent housing for a residence they perceive will be better for them; in contrast, situational leavers find themselves outside permanent housing because permanent housing failed in some respect to address their situational needs.[21]

Involuntary Leavers—The five scenarios presented below highlight the "vulnerabilities" that persons with serious mental illness face in their struggle to maintain residential stability. Three participants acknowledged their inability to maintain a drug/alcohol-free lifestyle, and two admitted their inability to follow program rules as reasons for departure from permanent housing. In three of the five scenarios, environmental factors (drug activities in the building, unsavory people and "influenced by the wrong people") were mentioned as contributing to their departures.

Involuntary Leaver # 1: Anna B. is a 50 year-old female who departed after two years and two months stay in permanent housing. Although Anna did mention her deteriorating medical conditions, a stroke, she perceived that she had been involuntarily discharged because she had hosted too many of the wrong type of visitors. Program staff reported that Anna was moved from her apartment to a progressive demand residence because she was in need of more medical care.

[21] Thirty-eight (38) of the 59 voluntary leavers are classified as "opportunity seekers" and 21 are classified as "situational leavers."

Involuntary Leaver # 2: John P. is a 25 year-old male who departed after two years and two months stay in a permanent housing program. He admitted that his discharge was due to his inability to follow the rules of the permanent housing program. Specifically, John was unable or unwilling to manage his money according to the standard set by the program. He complained that he felt some of the rules were too strict. In addition, he complained that drug activity was going on in the building and was upsetting him. Program staff reported that John needed a program with more staff support. They reported that he had difficulty managing his medication and had to be constantly pushed to meet program requirements. In regard to the building problem, program staff reported that John P. had been beaten up and wanted to leave.

Involuntary Leaver # 3: James J. is a 47 year-old male who resided in permanent housing for seven years and two months. According to the participant, he was discharged due to alcohol abuse. He admitted that he allowed himself to be influenced by the "wrong people" and had been using alcohol on program premises for some time before being caught by program staff. The permanent housing program staff reported similar discharge reasons— James had been caught drinking and was asked to leave. The staff felt he needed a more structured program. He was residing in a detoxification facility during the period for which we were able to track him.

Involuntary Leaver # 4: John R. is a 38 year-old male who resided in permanent housing for 18 months. According to the participant, he was discharged because of his substance abuse problem. In fact, he was living in a detoxification facility throughout his yearlong follow-up period. Also, he admitted that he broke program rules and acknowledged that he "did wrong." Permanent housing program staff reported that John was discharged for drug use and for not maintaining cleanliness standards at his apartment.

Involuntary Leaver # 5: Mary P. is a 42 year-old female who had resided in permanent housing for four years. She reported her discharge was due to drug use and was voluntary. Residential support staff also reported that Mary was discharged for drug abuse but the discharge was involuntary.

Voluntary Leavers: Opportunity Seekers—"Opportunity seekers" tend to regard themselves as "graduates" of a Permanent Housing program, who intend to improve themselves and who express hopefulness about their future. Beyond possible differences in the physical condition of the new residence, the "opportunity seekers" do not anticipate continuing to receive support or services.[22]

Opportunity Seeker # 1: Patricia L. is a 54 year-old female who departed after nine years in permanent housing. At the baseline interview, she indicated she had graduated from the permanent housing program, was compliant with medications and got along well with

[22] Although, these leavers opted to leave permanent housing, HUD's Permanent Housing program can accommodate the independent permanent housing situations described here with the services gradually reduced. As long as the client meets, at entry, the criteria of being homeless and disabled, they are an eligible recipient of the Permanent Housing program.

other residents in the program. Program staff reported that Patricia was staying in transitional housing preparing her move to independent housing. She had received a Section 8 voucher, which would allow her to move into a permanent independent living situation.

Opportunity Seeker # 2: Robert M. is a 56 year-old male who departed after two years and four months in permanent housing. At the baseline interview, Robert said he had graduated from the permanent housing program and had to move on to better himself. Program staff reported he exhibited the skills needed to live in a more independent setting. At the time of the study, Robert was living in his own apartment, and a caseworker came out to visit him weekly.

Opportunity Seeker # 3: Linda B. is a 27 year-old female who departed after one year and four months in permanent housing. During the initial interview after discharge, she stated that overall the program was positive and that she felt that she had been ready to be on her own since 2001. Her case manager did not agree with her at the time, and she waited until a more opportune time – when she would have more benefits available to her. Program staff reported the Linda had wanted her own apartment, and her intensive case manager (ICM) helped her find housing elsewhere. The residential support staff regarded her case as a positive departure.

Voluntary "Situational" Leavers—"Situational leavers" depart voluntarily from permanent housing programs but under a different set of circumstances than "opportunity seekers." As the following scenarios illustrate, situational leavers reported having health problems, believed too much was demanded of them in permanent housing and/or had issues with roommates, staff or neighbors.

Situational Leaver # 1: Barbara E. is a 61 year-old female who departed after three years and eight months in permanent housing. She explained her departure primarily in terms of a physical health problem. She suffered from a muscle disease that caused her to fall and injure herself. She also felt paranoid about falling, so she wanted to go to a nursing home. Program staff concurred with Barbara's assessment.

Situational Leaver # 2: Michael W. is a 32 year-old male who departed after two years and nine months in permanent housing. When interviewed by research staff, he revealed that household chore requirements for his apartment were simply too difficult and that with him going in and out of the hospital, he felt that a group living situation was the best fit for him at this time. Program staff reported that Michael needed more care and moved to a more structured facility.

Situational Leaver # 3: Elizabeth J. is a 54 year-old female who departed after one year and eight months in permanent housing. The reason she gave for her leaving permanent housing was the demolition of the apartment building where she lived. Program staff concurred with her account by reporting that Elizabeth's former residence was bought by

Temple University and that the building was demolished and then turned into a parking lot.

Post-Permanent Housing Career of Leavers

The characterization of the post-permanent housing careers of leavers is based primarily on prospective tracking data comprised of a baseline interview with 96 leavers and subsequent monthly follow-up contacts. The original plan was that each leaver who agreed to participate in the study would complete a baseline survey, and then would be contacted monthly for an in-person or telephone interview. Almost no participant, however, completed a follow-up survey for each month they were eligible. Therefore, the number of monthly follow-up surveys completed was not consistent across study participants.

To minimize the variation in the number of follow-ups completed per eligible month, two steps were taken. First, the follow-up surveys were grouped into five time periods according to the amount of time between the participants' discharge date and the date of their follow-up: (1) baseline; (2) 0 to 5 months; (3) 6 to 11 months; (4) 12 to 17 months; and (5) 18 or more months. Second, to ensure participants who had varied number of follow-ups within each time period were neither under- nor over-represented in the data, the follow-ups interviews were weighted such that each participant's follow-up data within a time period was equivalent to one follow-up. For example, if a leaver had three follow-ups in a given time period, data from each of their follow-ups would be weighted "0.33." Similarly, data for a leaver with only one follow-up during the same time period would be given a weight "1," and data for a leaver with five follow-ups in would carry an equal weight of "0.20" for each follow-up.

In addition to prospective tracking data from the 96 leavers, we also examined the pattern of service use among 385 leavers in the retrospective tracking sample. Service use information includes post-permanent housing homeless shelter stays, use of community-based mental health services, and use of inpatient psychiatric services.

This section is structured in the following manner: first, we provide an overall profile of the post-permanent housing careers of 96 leavers. The profile provides quantitative information on the aggregate patterns of current residence and living situation (including daytime activities, income support, rent, and subjective quality of life) over the course of the study. The quantitative information is then complemented with service use data available in the integrated longitudinal data from the retrospective sample of 385 leavers. Then we compare the post-permanent housing careers of voluntary and involuntary leavers, based on qualitative responses to open-ended questions collected from 96 leavers of the prospective tracking sample. This comparison is important given the differences between the two groups in their experience after permanent housing.

Aggregate Profile of the Post-Permanent Housing Careers of Leavers

Table 4.3 describes the current residence and living situations of the prospective tracking sample in five periods over 18 months after permanent housing departure. At the initial contact, all 96 leavers completed the baseline interviews. The numbers of leavers that completed follow-up interviews are as follows: 53 leavers (55%) at 0-5 months; 60 leavers (63%) at 6-11 months; 39 leavers (41%) at 12-17 months; and 19 leavers (20%) at 18 months or more. The number of those who could be tracked for the full 18 months after departure was limited not only by the challenge of tracking this hard-to-follow population over time but also because of the difficulties of finding them and engaging them into the study initially**.** In the 6 to 11 month period we had an increase in follow-ups conducted because we instituted additional tracking methods to improve our capacity to access more participants for the baselines and follow-ups. However, the value of these new/modified methods and initiatives tended to diminish over the extended interview period as the challenges to maintain contact became more formidable, for example, leavers with substantial breaks in contact time.

TABLE 4.3: POST-PERMANENT HOUSING CAREERS OF LEAVERS— CURRENT RESIDENCE & LIVING SITUATIONS

Variable	**Category**	**Baseline (n= 96)**	**Number of months between discharge and follow-up interviews**			
			0-5 (n=53)	**6-11 (n=60)**	**12-17 (n=39)**	**18+ (n=19)**
Type of current residence	Apt./House w/subsidy	55%	55%	62%	83%	85%
	Apt./House w/o subsidy	2%	11%	7%	0%	4%
	Share residence w/family or friends	7%	4%	2%	0%	3%
	Community Residence	11%	5%	10%	5%	5%
	Single Room Occupancy	2%	4%	6%	3%	4%
	Homeless	6%	9%	5%	6%	0%
	Institutions	1%	2%	2%	0%	0%
	Detox/Drug and Alcohol Rehab	6%	3%	2%	3%	0%
	Other Residence	8%	6%	5%	0%	0%
Employment	Received income from employment	21%	23%	23%	18%	24%
Assessment about quality of life	Delighted/Pleased	51%	52%	53%	65%	61%
	Mixed/Mostly Satisfied	39%	39%	37%	26%	30%
	Terrible/Unhappy/Mostly Dissatisfied	10%	8%	10%	8%	9%
Mental health service	Used a therapist	63%	70%	75%	57%	72%
Day program	Attended a structured day program	37%	44%	37%	39%	34%
Volunteer work	Did volunteer work	26%	26%	26%	33%	26%
Supplemental Security Income	Received supplemental security income	66%	64%	67%	66%	71%
Food Stamps	Received Food Stamps	21%	24%	27%	40%	44%
Monthly income	Mean monthly income	$660	$652	$656	$662	$616
Monthly rent	Mean monthly rental paid	$203	$239	$206	$176	$103
Feelings about current residence	Delighted/Pleased	43%	52%	53%	65%	61%
	Mixed/Mostly Satisfied	40%	39%	37%	26%	30%
	Terrible/Unhappy/Mostly Dissatisfied	17%	8%	10%	8%	9%

Notwithstanding the limitation of the tracking data, several observations can be discerned from the table. First, it appears that over time a greater proportion of leavers with whom contacts had been maintained were living in subsidized housing. This contrasts with the declining percentages of leavers who were either homeless, in institutions (prison and hospital), or in detoxification or drug and alcohol rehabilitation. Coupled with the more favorable living arrangement of permanent housing leavers is the decreasing rent[23] burden borne by the study participants. It is also noteworthy that a greater percentage of leavers received Food Stamps over the course of study, and consistently high proportions (around two-thirds) received Supplemental Security Income at all five time periods. Moreover, the majority of leavers were connected with mental health services by reporting to have worked with a therapist after leaving permanent housing. Between 18 and 24 percent of leavers were employed at the five time periods of the study, between 34 and 44 percent had attended a structured day program, and between 26 and 33 percent did volunteer work during the study period. Overall, leavers of the study were generally satisfied with their current residence and had positive assessment of their quality of life. The percentages of leavers who expressed dissatisfaction were quite low and did not vary across the five time periods.

We acknowledge, though, the inherent problem with this analysis in that we are most likely to be able to track those who have housing subsidies, those who are most pleased with their current situation, and those whose current income most surpasses their rents, that is, those who are doing best.

Table 4.4 provides supplementary information on post-permanent housing service use patterns among leavers. The statistical distributions are based on 385 leavers from the retrospective sample. Most noticeable in the table is the percentages of leavers who, since leaving permanent housing, had registered a stay in a homeless shelter (20%), had a Medicaid (City Behavioral Health) inpatient claim (20%), and had an emergency service claim in the community rehabilitation service (CRS) system (17%) subsequent to their departure from permanent housing. The use of these services is indicative of poorer outcomes of a segment of permanent housing leavers.

[23] The question "How Much Rent Do You Pay?" was asked in the baseline and follow-up surveys. The average rent declined from $275 (0-2 months after discharge) to $103 (18+ months after discharge).

TABLE 4.4: POST-PERMANENT HOUSING SERVICE USE PATTERNS OF LEAVERS (N = 385)

Variables	Leavers N (%)	Mean of Users Only
Homeless Shelter Use		
Ever stay in public shelter	59 (15.3)	
Number of public shelter stays		3.4
Number of days in public shelter		67.9
Ever stay in public and/or mental health shelter	76 (19.7)	
Medicaid (CBH) Service Use		
Intensive case management (ICM) claims	134 (34.8)	67.87
Outpatient claims	130 (33.8)	61.35
Inpatient claims	76 (19.7)	3.87
Community Rehabilitation Services (CRS) Service Use		
Intensive case management claims	32 (8.3)	5.91
Outpatient claims	50 (13.0)	3.70
Day treatment (partial hospital) claims	27 (7.0)	6.59
Vocational/social rehabilitation	49 (12.7)	4.96
Community residential services	81 (21.0)	8.06
Other Case Management services	75 (19.5)	8.16
Emergency services claim	65 (16.9)	3.23

Post-Permanent Housing Careers of Voluntary Leavers and Involuntary Leavers

Interviews with leavers yielded a richer and more dynamic picture of the post-permanent housing careers of leavers:

Voluntary Leavers (Opportunity Seekers)—Over the tracking period, opportunity seekers were generally very pleased with their current residence. The positive appraisal of their living situation seems to have been related to the level of independence they experienced, the peaceful nature of the housing environment, which enabled them to focus, as well as the feelings of safety and convenience of the location of their neighborhood. They did raise some concerns about bad neighbors and the need of improvement in building maintenance. Opportunity seekers also frequently spoke about their plans and goals for the future, suggesting a sense of control over their lives.

Independence

For opportunity seekers, being free of structure and able to do what they want are highly valued. Some used the notion of independence to gauge whether they can manage their lives on their own and have control over their own lives. Among some opportunity seekers, the desire to become independent alone had motivated them to "graduate" from their respective permanent housing program.

Jennifer M. is a 43 year-old female who departed after two years and nine months in permanent housing. In her 2nd month after the baseline interview, she expressed a sense of independence: "I haven't changed my feeling since last time. I'm feeling okay, pretty comfortable. I like the independence of not being in the program. There's no one to dictate to me; I can be my own person now."

Maria S. is a 42 year-old female who departed after two months and 12 days in permanent housing. The theme of independence resounds in the 1st month after the baseline interview. She states that she is on her own and doesn't have to report to anyone. Her neighbors are considerate, and she can do what she likes.

Peaceful/Able to Focus

Opportunity seekers claimed that their living environment is very important to their quality of life. Many described their apartment as a "safe haven" which offered a respite from the vagaries and stresses of their daily lives and the encouragement to deal with the challenges the next day might hold.

William D. is a 53 year-old male who departed after one year and 11 months in permanent housing. This is what he had to say regarding his home in the 3rd month after the baseline interview: "I love it. It's very tranquil, a restful place. It's my refuge. I don't have to answer the phone if I don't want to. I can just be by myself. It's becoming more and more like a sanctuary." William also reported he spent much of his time away from home, but that, when there, he likes to "tune out."

Susan M. is a 40 year-old female who departed after one year and nine months in permanent housing. The interviewer's notes in the 8th month after the baseline interview reflected a high level of satisfaction with the environment of her home. Susan stated that her home environment is peaceful and quiet. She spends a great deal of time relaxing, thinking, watching TV, and talking on the phone. She also eats healthy and exercises in the apartment.

Location & Safety

Opportunity seekers are interested in living in a neighborhood close to shopping, transportation and safe. These conveniences helped make their lives more manageable, particularly during stressful times.

Again, William D. is a 53 year-old male who departed after one year and 11 months in permanent housing. In the 1st month after the baseline interview, William liked his neighborhood very much and considered it very clean and safe. He also told the interviewer that there is a large police presence (many live in the area) in his neighborhood, which makes him feel safer.

Margaret D. is a 42 year-old female who departed after two months and 15 days in permanent housing. In the 10th month after the baseline interview, she reported her

feelings about her new location: "I like it; it's convenient to transportation and stores. The neighborhood is quiet."

Issues with Neighbors

Opportunity seekers mentioned problems with neighbors fairly often. Sometimes the situations seem to have been exacerbated by their inadequate communication or conflict resolution skills. One leaver commented that screening/evaluation at his current residence needs to be improved to avoid acceptance of persons not "ready" to live independently.

David R. is a 48 year-old male who departed after one year and five months in permanent housing. During the 5th month after the baseline interview, he reported problems with a noisy neighbor directly above him. David had spoken to the neighbor about his loud television watching, but that has apparently just made the situation worse. Now, whenever David plays his stereo, the neighbor comes downstairs and demands that he make less noise. David believes that the neighbor is also part of a similar permanent housing program.

Richard C. is a 50 year-old male who departed after three years and seven months in permanent housing. In the 2nd month after the baseline interview, he reported that he was feuding with his upstairs neighbor. He believes that she spies on him and may be bugging his phone – he also admits that he sometimes spies on her as well. According to Richard, she had been admitted to the hospital for mental health-related problems but had returned to the same apartment. Other than that neighbor, he loves his area but doesn't go out much.

Building Maintenance

Where they live is of great value to opportunity seekers. Their residence can lead, alternately, to a peaceful or stress-filled life. Problems with building maintenance, however, may disrupt the sense of peacefulness that place can engender.

Dorothy L. is a 42 year-old female who departed after one year and four months in permanent housing. In the 4th month after the baseline interview, she remarked that her building's maintenance staff was not fixing deteriorating areas such as the laundry room.

Lisa N. is a 39 year-old female who departed after three years and six months in permanent housing. In the 11th month after the baseline interview, she said the maintenance people in her building needed to be more responsive and fix things quickly when asked.

Voluntary Leavers (Situational Leavers)—In general, situational leavers expressed satisfaction with their current residence. However, their comments varied more widely than those of opportunity seekers, spanning from highly satisfied to dissatisfied.

Generally Positive Experience with Current Residence

Charles J. is a 32 year-old male who departed after three years and two months in permanent housing. In the 1st month after the baseline interview, he said: "It's okay, nicer than where I used to live." When asked what he did not like about where he lived, he replied: "I like everything." When queried specifically about maintenance, convenience to public transportation, friends, family, and the neighbors, he replied that he liked it all just fine.

Joseph T. is a 58 year-old male who departed after four years and 16 days in permanent housing. In the 9th month after the baseline interview, he recounted that he likes his new living arrangement. Specifically, he liked the privacy, the laid-back atmosphere and the lack of drug problems among fellow tenants.

Mixed Experiences with Current Residence

Nancy K. is a 32 year-old female who departed after five years in permanent housing. She gave a somewhat mixed account of her current living situation in the 5th month after the baseline interview. She reported that her house was satisfactory but believed that her neighbors harass both her and her husband. Nancy also believes that the police who live in her neighborhood are somehow monitoring her phone calls.

Betty H. is a 46 year-old female who departed after five years in permanent housing. In the 1st month after the baseline interview, the participant expressed that she loves her apartment. Betty remarked how much peace of mind she has living in her building; however, she did report an incident where someone in the building had stolen a bag of canned goods that had been set out for donation to a local food bank.

Negative Experiences with Current Residence

Again, Betty H. is a 46 year-old female who departed after five years in permanent housing. In the 2nd month after the baseline interview, Betty expressed concern about whether some of the newer tenants in her building (who are from programs similar to hers) are prepared enough or capable enough to function well on their own. She believes some of them in her building are doing drugs or drinking.

Thomas C. is a 67 year-old male who departed after three years and 10 months in permanent housing. In the 2nd month after the baseline interview, Thomas reported that he was having difficulty with what he suspected as being illicit drug activity right across the hall from his apartment. He also reported that the noise level created by the late-night comings and goings of residents had made living in his building demonstrably worse. No one in authority, in Thomas' view, seems to be able to address the situation.

Involuntary Leavers—Generally, the involuntary leavers' comments indicated they were pleased with their current residence for reasons similar to those expressed by voluntary leavers. However, compared to voluntary leavers, involuntary leavers, especially those

with drug and alcohol problems, tended to report more problems with their environment and/or neighbors.

Positive Experiences with Current Residence

Helen S. is a 45 year-old female who departed after one year and seven months in permanent housing. As revealed in the 2nd month after the baseline interview, she still liked her neighborhood and loved her home. She also felt that she had made some real progress in her therapy. She had also been frequenting a local center for social events. Unfortunately (in her opinion), because of a medical condition that required her to have a roommate, Helen was moving to Roxborough, to share an apartment she found through a mental health agency.

Sandra D. is a 27 year-old female who departed after one year and four months in permanent housing. In the 1st month after the baseline interview, she felt more comfortable in her current situation than at her previous permanent housing program. Sandra felt there was more privacy after she left permanent housing —the apartment she has now has more space for her and her baby daughter. She liked the idea of having her own living room and kitchen. Sandra thought it had been a positive thing to leave the previous permanent housing program.

Christopher D. is a 37 year-old male who departed after two years and three months in permanent housing. In the 17th month after the baseline interview, the participant told the interviewer that he liked his new residence. Christopher no longer needed to go to the soup kitchen, his residence keeps him off the streets, and he can more easily maintain personal cleanliness. He considers independent living to be very important.

Negative Experiences with Current Residence

Daniel P. is a 36 year-old male who departed after 13 years in permanent housing. In the 12th month after the baseline interview, the participant thought his residence was peaceful, but that there was not enough structure for him. He had slipped up a few times and had been drinking. He had come to the conclusion that he might need a program with more structure and support. Daniel added that, although he is afraid of the neighborhood's temptations, he nonetheless finds his apartment cozy.

Donna C. is a 42 year-old female who departed after four years in permanent housing. In the 1st month after the baseline interview, she was worried about being evicted due to her failure to maintain sobriety. She reports that others in her building are doing drugs and this environment makes it even more difficult for her to remain compliant.

Summary

The findings presented in this chapter indicate that departure from permanent housing programs is a multifaceted event reflecting diverse sets of circumstances faced by persons with serious mental illness in their effort to live in the community. For the majority of the leavers tracked in the prospective sample, leaving permanent housing is a voluntary event involving a decision agreed on between the resident and the permanent housing staff. For others, although their leave was voluntary with concurrence from program staff, it was to a residential setting that had less independence and more supportive services. It appears this leave could be construed as "positive" because it was the appropriate residence for the leaver based on their needs and level of functioning. This is evidenced by: (1) less than 10% moved from these residences in the study period; and (2) almost half (46%) of these leavers were satisfied with their post-permanent housing.

The findings on the circumstances of leaving and the post-permanent housing careers of involuntary leavers clearly differentiate a subgroup of permanent housing residents with a lower level of independent living skills and who need more intensive support and services from staff by the time they were asked to leave their programs. Involuntary leavers, in general, also experienced a less favorable housing experience after leaving permanent housing. It is, therefore, important to identify risk factors for this subset of residents. In the next chapter, we seek to identify factors that are associated with leaving permanent housing in general, and with involuntary leaving in particular.

CHAPTER 5: FACTORS ASSOCIATED WITH LEAVING PERMANENT HOUSING

Overview

This chapter examines socio-demographic, service use, and program characteristics associated with leaving or staying in permanent housing for persons with serious mental illness in Philadelphia. Informed by the findings described in the previous two chapters, we identified subgroups of leavers. Based on the discharge codes available in the integrated longitudinal database, we categorized leavers into those with a positive discharge (positive leavers) and others whose discharge location reflected a less favorable or more ambiguous exit from permanent housing (non-positive leavers). From the information provided by former permanent housing residents and the permanent housing program staff in the interview study, we also divided the sample of 96 leavers into voluntary and involuntary leavers.

For the retrospective tracking sample, characteristics of 558 stayers were compared to those of positive leavers (117) and non-positive leavers (247). For the prospective tracking sample, characteristics of a matched-sample of 100 stayers were compared to those of voluntary leavers (59) and involuntary leavers (37). The contemporaneous comparison of leavers and stayers using administrative and interview data has afforded us an opportunity to examine a diverse set of potential predictors of residential outcomes of permanent housing residents.

We find notable differences when we compare non-positive leavers to other positive leavers and stayers. Despite the fact that the three groups are quite comparable in background and characteristics, there are significant differences among the groups in their use of services. Non-positive leavers were more likely to need support services and more likely to use shelters and inpatient psychiatric services. Clearly, there are "gaps" in Permanent Housing's ability to address the needs of these "at-risk" leavers, and the knowledge and understanding of these "gaps" are essential to developing strategies and tactics to fill them.

Categories of Leavers

Before we proceed further, it is important to clarify the criteria upon which the project designated residents who departed from permanent housing into categories of positive or non-positive leavers, as well as categories of voluntary or involuntary leavers. Table 5.1 gives an overview of how permanent housing leavers were categorized in both the retrospective and prospective tracking sample.

TABLE 5.1: CATEGORIZATION OF LEAVERS

Study	• Retrospective tracking	• Prospective tracking
Data	• Integrated longitudinal administrative data	• Interview data
Information source	• Disposition codes from OMH database	• Leaver descriptions of circumstances of leaving • Program staff descriptions of the circumstances of leaving
Leaver categories	• Positive leaver & non-positive leaver	• Voluntary leaver & involuntary leaver
Leaver sub-categories	• None	• Voluntary leaver (opportunity seeker) & voluntary "situational" leaver
Criteria for ascertaining leaver categories	• "Normalized" living arrangement vs. "institutionalized" living arrangement • Availability of information on discharge destinations	• Agreement between leaver and staff in regard to whether leaving is voluntary or involuntary; where they differ, staff judgment is determining • Appropriateness of housing arrangement post-permanent housing departure • Desirability of circumstances of leaving
Definitions of categories	• Positive leaver - Community living arrangement - Provision of no residential services • Non-positive leaver - Provision of more intensive support than permanent housing - Institutionalization - Homelessness - Unspecified or unknown location	• Voluntary leaver - Plans to Leave - Finds leaving desirable - Has concurrence and support of housing and program support staff • Involuntary leaver - Asked or forced to leave - Leaving is the choice of housing providers and program staff but not permanent housing residents
Definitions of sub-categories	• None	• Voluntary leaver (opportunity seeker): "Graduated" from the program to a higher level of independence • Voluntary "situational" leaver: Deteriorated health or find permanent housing too demanding but found appropriate housing upon departure from permanent housing (mostly housing with more intensive support than permanent housing)

The categorization of leavers in the retrospective tracking sample was based on the disposition (discharge) code available in the Office of Mental Health (OMH) database. There are two criteria for ascertaining if a leaver experienced "positive" or "non-positive" leaving: (1) whether the post-permanent housing living arrangement is a normalized setting (vs. an "institutionalized" setting); and (2) whether information on the discharge destination is available. Based on these two criteria, positive leavers were designated as individuals who left permanent housing to an independent living setting or to other community living arrangements such as living with spouse/significant other, family members and friends. Non-positive leavers were designated as those with discharge codes, including congregate residential settings, institutional settings (hospitals and correctional institutions), homelessness, and other unspecified or unknown whereabouts. While it can be argued that living with friends and family members may not indicate a true progression from permanent supportive housing as in the case of independent living (without residential support), it is nonetheless a "normalized" living arrangement for the general population. Moreover, as the housing preference data shown for this population (refer to Table 3.2.B), nearly half of permanent housing residents regarded living with family members a preferred housing arrangement.

The categorization of leavers in the prospective sample was based on both resident and staff descriptions of the circumstances of leaving. As noted in the previous chapter, the differentiation between voluntary and involuntary leavers was based on three criteria: (1) agreement between the leaver and staff whether departure is voluntary or involuntary; (2) appropriateness of housing arrangement post-permanent housing departure; and (3) desirability of circumstances of leaving. Among voluntary leavers, two subgroups were identified: (1) opportunity seekers who progressed to a higher level of independence; and (2) voluntary "situational" leavers who found appropriate but more structured, congregate housing because of a deteriorating health situation or finding permanent housing too demanding. In the analyses reported in this chapter, we combined opportunity seekers and voluntary "situational" leavers as voluntary leavers.

As a result of the differing criteria used, it is possible for a permanent housing leaver to be classified as a non-positive leaver in the retrospective sample and a voluntary leaver in the prospective tracking sample. An obvious example is a voluntary situational leaver who departed permanent housing to a congregate mental health or substance treatment program. Whereas the discharge code in the OMH database would designate the individual as experiencing non-positive leaving (because of the more "institutionalized" nature of the housing setting), both the leaver and program staff interviewed may agree that "stepping down" (that is, from an supported independent setting to a congregate setting with more intensive and structured care) is both a desirable and appropriate arrangement for the resident. As the administrative data provide neither assessment from the program staff nor from the leaver, it is not possible for the project to ascertain the appropriateness of the housing setting.

Factors Associated with Leaving and Staying in Permanent Housing—Retrospective Tracking Sample

In this section, we examine factors that may be associated with leaving or staying in permanent housing for persons with serious mental illness in Philadelphia using data from the retrospective tracking sample. Based on the discharge codes available in the longitudinal integrated database, we identified 117 positive leavers and 247 non-positive leavers (refer also to Table 3.4 in Chapter 3). Not included in the analysis were 21 prior permanent housing residents with "death" as the reason of discharge recorded in the integrated database.

Stayers, positive leavers and non-positive leavers were compared in five different areas. These include: (1) demographic and psychiatric diagnostic characteristics; (2) shelter use data (including public and mental health shelters); (3) Medicaid (CBH) psychiatric service claims data; (4) City Behavioral Health funded (non-CBH) CRS psychiatric service claims data; and (5) program-level data from 27 residential support teams offering support services for permanent housing residents.

Socio-Demographic and Diagnostic Characteristics

Table 5.2 gives a profile of the 922 permanent housing residents and compares the socio-demographic and diagnostic characteristics of stayers, positive leavers, and non-positive leavers. As the data show, permanent housing residents were on average 42 years old, and females were slightly over-represented. A little more than two-thirds of the permanent housing residents were Black/African American, and about three in ten residents were white. A very small percentage (3 percent) of permanent housing residents reported their ethnicity as "Latino." As expected, the majority (86 percent) of permanent housing residents had a diagnosis of serious mental illness, with a nearly 2:1 ratio of schizophrenia or related disorder to major affective disorders (including major depression and bipolar disorder).[24] The average length of stay in permanent housing for the 922 residents was 1,329 days, or 3.65 years.[25]

[24] We define serious mental illness as a primary diagnosis of major mental illness, including schizophrenia or major affective disorder (chapter 3, section on persons with serious mental illness). The psychiatric diagnostic codes for schizophrenia and major affective disorders are, respectively, 295 and 296. Among the 943 permanent housing residents, 2% has a missing code on psychiatric diagnosis. Twelve percent has a diagnostic code other than 295 or 296. Residents with a record of other codes were mostly diagnosed with other psychotic and affective disorders but not with "295" and "296," which are considered serious mental illness.

[25] The "length of stay" for leavers was computed by subtracting the discharge date from the admission date. The "length of stay" for leavers was computed by subtracting the end date of longitudinal integrated database (July 15, 2004) from the admission date. Note that the mean of 3.65 years is inevitably an underestimate of the average length of stay because stayers would have a longer tenure in permanent housing than what was recorded in the end date of the database (July 15, 2004).

TABLE 5.2: SOCIO-DEMOGRAPHIC, DIAGNOSTIC, AND FUNCTIONING CHARACTERISTICS

Variables	Stayers (n = 558)	Positive Leavers (n =117)	Non-positive Leavers (n = 247)	All Residents (N = 922)
Age at admission to permanent housing (mean)[#]	42.83	41.10	41.52	42.26
Gender				
- Females	53.0%	51.3%	51.8%	52.5%
- Males	47.0%	48.7%	48.2%	48.2%
Race				
- White	31.0%	30.0%	26.0%	29.5%
- Black	67.9%	68.2%	72.3%	69.1%
- Other	1.1%	1.8%	1.7%	1.4%
Latino	2.5%	2.3%	4.3%	2.9%
Serious mental illness	86.2%	81.2%	88.3%	86.1%
- Schizophrenia	55.2%	52.1%	58.3%	55.6%
- Affective disorders	31.0%	29.1%	30.0%	30.5%
Number of days in permanent housing (mean)[***]	1542.97	1034.64	984.83	1328.94

Note:
Statistical significance: $^{\#}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Comparing stayers, positive leavers and non-positive leavers indicates no statistically significant differences between the three groups in terms of gender, race/ethnicity, and psychiatric diagnoses. Stayers were slightly older than positive and non-positive leavers. Although it is obvious that stayers had a significantly longer tenure in permanent housing than leavers, it is important to note that both positive leavers and non-positive leavers reported a relatively long stay in permanent housing. Interestingly, there is a relatively small difference in the average length of stay between positive and non-positive leavers (50 days).

Stay History in Homeless Shelter

Table 5.3 shows the distribution of homeless shelter stays for three distinct time periods: (1) prior to permanent housing entry; (2) during permanent housing stay; and (3) post permanent housing exit (for positive and non-positive leavers only). The table is divided into three panels according to the type of shelter: ever stayed in public shelter (tracked in the administrative database of Office of Emergency Shelter Services {OESS}); ever stayed in mental health shelters ((including short-term shelters, long-term shelters, and

progressive demand residences (PDR) targeted for homeless mentally ill persons operated by the mental health system)); and total stays in either public or mental health shelters.[26]

TABLE 5.3: STAY HISTORY IN HOMELESS SHELTER

Variables	Stayers (n = 558)	Positive Leavers (n =117)	Non-positive Leavers (n = 247)	All Residents (N = 922)
Ever stayed in Public Shelter				
- Prior to permanent housing Entry*	37.5%	47.9%	46.2%	41.1%
- During permanent housing stay**	1.6%	3.4%	6.1%	3.0%
- Post permanent housing exit*	N.A.	10.3%	19.0%	N.A.
Ever stayed in Mental Health Shelter				
- Prior to permanent housing Entry*	15.9%	19.7%	24.3%	18.7%
- During permanent housing stay***	6.6%	12.8%	17.4%	10.3%
- Post permanent housing exit***	N.A.	1.7%	13.4%	N.A.
Ever stayed in Public or Mental Health Shelter Combined				
- Prior to permanent housing Entry*	43.9%	52.1%	54.3%	47.7%
- During permanent housing stay***	8.2%	16.2%	22.3%	13.0%
- Post permanent housing exit**	N.A.	10.3%	25.9%	N.A.

Note:
Statistical significance: $^{\#}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

As the data shows, stayers were significantly less likely than leavers to have a shelter stay in both public and mental health shelters before entering permanent housing as well as during permanent housing stay. The percent of stayers who ever had a shelter stay also declines substantially from the period prior to entering permanent housing to that during the permanent housing stay, with stay in public shelter declining from 38% prior to entering permanent housing to less than 2% during permanent housing stay, and stay in mental health shelter declining from 16% to 7% during the same period.[27] An interesting point to note from the data table is that, while not prevalent, it is not exactly a rare event for permanent housing residents to experience a stay in a mental health shelter or PDR during their stay in permanent housing (10% of all 943 residents experiencing at least one stay; 13% and 17%, respectively, for positive and non-positive leavers). The phenomenon of staying in a PDR or mental health shelter may signal the need for more intensive support for permanent housing residents, or the presence of housing and

[26] Shelters are emergency facilities that are designated for the use of the homeless mentally ill population in the city. PDR is a transitional, congregate community-living arrangement, which is targeted to mental health consumers who, in addition to having a serious mental illness, are homeless. Admissions to short-term shelters, long-term shelters, and PDR are administered by the Access to Alternative Services Unit (AAS), a single point of entry for homeless persons with serious mental illness.

[27] Because permanent housing stayers have a longer average length of stay (refer to Table 5.2), the exposure time to ever staying in mental health shelters and PDR during permanent housing tenure is inevitably longer. The significantly lower percentage of stayers who ever used mental health shelters and PDR making the differences between stayers and leavers in utilization rate even more distinctive given stayers' longer exposure time.

neighborhood issues that need to be addressed in order to for the permanent housing resident to maintain permanent housing.

The data reveal a slight difference in shelter use (both public and mental health shelters) between positive and non-positive leavers. However, when compared to non-positive leavers, positive leavers experienced a larger reduction in shelter use rates during their stay in permanent housing. More importantly, non-positive leavers are more than two times as likely than positive leavers to have ever used public or mental shelter after departing from permanent housing (26% for non-positive leavers and 10% for positive leavers).

Service Use Characteristics—Medicaid (CBH)

Table 5.4 compares the service use characteristics of stayers, positive leavers, and non-positive leavers using the CBH (Medicaid behavioral health component) claims records from 1999 to 2003. Three different types of service claims were examined—intensive case management (ICM) services, outpatient services, and inpatient services.[28] We compare the percentages of permanent housing residents who had at least one service claim record prior to entering permanent housing and during permanent housing stay, and for leavers, the percentages that had at least one service claim record after they left permanent housing.

As the findings show, proportionately more stayers than leavers reported at least one service claim for ICM and outpatient services prior to permanent housing entry, as well as during permanent housing stay. However, only the differences in outpatient service use between leavers and stayers are statistically significant ($p = 0.10$). Moreover, among leavers, positive leavers were less likely than non-positive leavers to make any claims on ICM and outpatient services, including the post-permanent housing period.

[28] Inpatient services refer to hospitalization episodes of permanent housing residents in the psychiatric units.

TABLE 5.4: SERVICE USE CHARACTERISTICS (MEDICAID—CBH)

Variables	Stayers (n = 558)	Positive Leavers (n =117)	Non-positive Leavers (n = 247)	All Residents (N = 922)
Intensive Case Management (ICM) Claims				
- Prior to permanent housing Entry	32.8%	23.1%	30.8%	31.0%
- During permanent housing stay	43.7%	35.9%	42.1%	42.3%
- Post permanent housing exit**	N.A.	24.8%	40.9%	N.A.
Outpatient Claims				
- Prior to permanent housing Entry#	47.1%	37.6%	40.5%	44.1%
- During permanent housing stay#	60.4%	51.3%	53.8%	57.5%
- Post permanent housing exit*	N.A.	26.5%	40.1%	N.A.
Inpatient Psychiatric Service Claims				
- Prior to permanent housing Entry	19.5%	17.1%	19.8%	19.3%
- During permanent housing stay***	12.2%	12.8%	28.3%	16.6%
- Post permanent housing exit#	N.A.	15.4%	23.5%	N.A.

Note:
Statistical significance: # $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Interestingly, a different pattern of service use emerges for psychiatric hospitalization. As panel 3 of Table 5.4 shows, there is no difference in the percentages of stayers, positive, and non-positive leavers who ever used inpatient services prior to their entry to permanent housing. However, during their stay in permanent housing, non-positive leavers (28%) were twice as likely as positive leavers (13%) or stayers (12%) to have an inpatient admission, a difference that is statistically significant ($p < 0.001$). It is also worth noting that, while there is a substantial reduction of inpatient service use after entering permanent housing for both stayers (from 20% to 12%) and positive leavers (from 17% to 13%), the trend is reversed for non-positive leavers. The percentage of non-positive leavers who had an inpatient service claim rose from 19% prior to permanent housing entry to 28% during permanent housing stay.

Service Use Characteristics—Community Reporting System (CRS)

Table 5.5 compares the service use characteristics of leavers and stayers using the Community Reporting System (CRS) claims records from 1999 to 2003. Services filed under CRS claims are community-based rehabilitation services funded by the Office of Behavioral Health Services from state, federal and city sources other than Medicaid. The CRS data base has two types of service claims, namely, ICM and outpatient claims, that are also funded by CBH through Medicaid. For these services, the data in Table 5.5 represent only claims that are not found in the CBH claims data in order to avoid double counting.

TABLE 5.5: SERVICE USE CHARACTERISTICS (COMMUNITY REHABILITATION SERVICES—CRS)

Variables	Stayers (n = 558)	Positive Leavers (n =117)	Non-positive Leavers (n = 247)	All Residents (N = 922)
Intensive Case Management Claims[a]				
- Prior to permanent housing Entry	20.3%	22.2%	24.7%	21.7%
- During permanent housing stay	14.7%	20.5%	19.0%	16.6%
- Post permanent housing exit	N.A.	6.0%	10.1%	N.A.
Outpatient Claims[a]				
- Prior to permanent housing Entry	36.6%	41.0%	37.2%	37.3%
- During permanent housing stay	30.5%	35.9%	32.4%	31.7%
- Post permanent housing exit	N.A.	12.8%	13.8%	N.A.
Day Treatment (Partial Hospital) Claims				
- Prior to permanent housing Entry	28.5%	22.2%	26.3%	27.1%
- During permanent housing stay	19.7%	13.7%	23.1%	19.8%
- Post permanent housing exit	N.A.	6.0%	8.1%	N.A.
Vocational/Social Rehabilitation				
- Prior to permanent housing Entry	27.4%	29.9%	26.3%	27.4%
- During permanent housing stay	37.3%	35.0%	37.7%	37.1%
- Post permanent housing exit	N.A.	9.4%	15.4%	N.A.
Community Residential Services				
- Prior to permanent housing Entry	45.9%	45.3%	44.9%	45.6%
- During permanent housing stay***	69.0%	85.5%	81.8%	74.5%
- Post permanent housing exit***	N.A.	7.7%	29.1%	N.A.
Other Case Management Services[b]				
- Prior to permanent housing Entry	40.3%	39.3%	40.9%	40.3%
- During permanent housing stay	43.2%	49.6%	46.2%	44.8%
- Post permanent housing exit	N.A.	15.4%	22.3%	N.A.
Emergency Services Claim				
- Prior to permanent housing Entry	33.9%	30.8%	35.2%	33.8%
- During permanent housing stay***	19.0%	25.6%	38.9%	25.2%
- Post permanent housing exit**	N.A.	9.4%	21.9%	N.A.

Note:

[a] Only includes Intensive Case Management and Outpatient claims not recorded in CBH records.

[b] Includes resource coordination (a less intensive type of case management compared to ICM), administrative management, and housing support claims.

Statistical significance: # $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$; significance indicator in parentheses refer to mean differences to number of claims among service users.

Nearly all (97%) of the 922 permanent housing residents had at least one service claim in the CRS records from 1999 and 2003. The proportions of permanent housing residents that had a claim vary by types of service and time periods. For example, while only one in six of all permanent housing residents had an ICM (funded by CRS) service claim during their stay in permanent housing (lowest proportion of use), about three-quarters had a community residential service claim during the same time period (highest proportion of use).

Among the seven types of services included in the CRS database, only two types—community residential and emergency services—reveal significant differences between leavers and stayers in the proportion of service use. Specifically, leavers as a group were more likely than stayers to use both community residential and emergency services during their stay in permanent housing ($p < 0.001$ for both types of services). Among members of the leaver group, positive leavers were more likely than non-positive leavers to use community residential services during their permanent housing stay, but less likely to use emergency services.

Comparing the post-permanent housing and during-permanent housing stay services use data for leavers reveals a substantial drop in CRS services use subsequent to leavers' departure from permanent housing. Of particular note is the percentage of leavers who had a CRS claim on community residential services. As the data show, about one in 13 positive leavers and three out of 10 non-positive leavers were connected with residential services, down from 86% and 82%, respectively, during positive leavers' and non-positive leavers' stay in permanent housing. The higher proportion of non-positive leavers than positive leavers who reported to use community residential services after departing from permanent housing is expected, given that 25% of non-positive leavers (61 out of 247, refer to Table 3.4) were placed in a mental health community rehabilitation program after they left permanent housing.

Another noteworthy finding is the difference in emergency services use between positive and non-positive leavers subsequent to their discharge from permanent housing. About one in five (22%) of non-positive leavers had at least one emergency service claim after they left permanent housing; only one in ten (9%) of positive leavers used such service during the time period. The lower rate of emergency services use among positive leavers is suggestive of the relative "health" of these leavers (that is, when compared with non-positive leavers). Alternatively, it could be the result of the differing housing situations in which the two groups of leavers find themselves after departing from permanent housing.

Program Characteristics

Table 5.6 compares the characteristics of the permanent housing programs offering support services for leavers and stayers. Recall that the information was based on a survey of 27 permanent housing residential support teams conducted from 2002 to 2003. The variables include program size (capacity), extent of independence (decision-making),

average level of functioning among program participants (Global Assessment of Functioning Score)[29], and intensity of support (consumer staff ratio, frequency of contact, and number of services). As the findings show, there is no statistically significant difference between leavers and stayers in any of the above listed variables. Apparently, these program-level attributes are not associated with leaving and staying in permanent housing.

TABLE 5.6: PROGRAM CHARACTERISTICS

	Stayers	Positive Leavers	Non-positive Leavers	All Residents
Variables	(n = 558)	(n =117)	(n = 247)	(N = 922)
Capacity (3 – 72)	38.65	37.46	36.77	38.00
Decision making (1.2 – 3.2; lower score–less staff control)	2.12	2.09	2.08	2.11
Global Assessment of Functioning Score (mean of residents in permanent housing program)	48.82	48.82	49.22	48.93
Consumer staff ratio (1.05 – 13.33)	6.13	6.60	6.20	6.21
Frequency of contact with staff (3 – 5.25)	4.05	3.98	4.09	4.05
Number of services available (3.5 – 16)	8.89	8.77	8.90	8.88

Note:
Statistical significance: $^{\#}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Identification of Predictors of Leaving and Staying Using Multivariate Analysis

The goal of multivariate analysis is to test the statistical significance of potential predictors, including socio-demographic and service characteristics that may affect leaving or staying in permanent housing when other variables are controlled for in the model. The selection of predictor variables was informed by the descriptive analysis results comparing stayers, positive leavers, and non-positive leavers as laid out in previous sections.

Multinomial Logistic Regression was used because we were able to classify permanent housing residents into three distinct outcomes as indicated in the discharge codes: (1) staying in permanent housing; (2) positive leaving; and (3) non-positive leaving. By performing Multinomial Logistic Regression, we can determine the strength of influence the selected sets of predictor variables has upon these distinct categories.

The dependent variable was coded as a three-category variable with stayers assigned a value of "1," positive leavers assigned a value of "2," and non-positive leavers assigned a value of "3." Stayers were designated as the reference category with which positive leavers and non-positive leavers were compared.

[29] The Global Assessment of Functioning (GAF) score of 49 points can be interpreted as having serious psychiatric symptoms or any serious impairment of social, occupational, or school functioning.

Three sets of predictor variables are included in the regression model. The first set is composed of demographic characteristics including age, race/ethnicity, gender, and length of stay in permanent housing. Age was measured as age of residents at the time of their admission to permanent housing, gender was coded "1" for male and "0" for female, race/ethnicity was coded "1" for African American/black and "0" otherwise, and length of stay in permanent housing was measured by the number of days in permanent housing. Demographic variables served as predictor variables as well as statistical controls in identifying the net effects of service use variables. For example, length of stay in permanent housing is an important control variable because the probability of using services during permanent housing stay increases the longer a resident stays in permanent housing with all else being equal. All four demographic variables were included regardless of the level of statistical significance in the bivariate analysis.

The second set of predictor variables focuses on service characteristics of permanent housing residents prior to their entry into permanent housing. Only two service use variables were included based on the presence of a statistical significant relationship with stayer-leaver status (cutoff at $p < 0.10$). Pre-permanent housing homeless shelter use (public or mental health shelters) and pre-permanent housing outpatient service use were both coded as a binary variable with "1" indicating ever used services and "0" indicating otherwise.

The third set of predictor variables captures service use characteristics of permanent housing residents during their stay in permanent housing. Five variables were selected, again, based on the presence of a statistically significant relationship (cutoff at $p < 0.10$) between these variables and stayer-leaver status in the descriptive analysis. The five variables included shelter use in either the public or mental health shelter system; two service variables derived from the CBH database—outpatient and inpatient services; and two variables derived from the CRS database—community rehabilitation and emergency services. All five variables were coded as a binary variable with "1" indicating ever used service and "0" indicating otherwise. We did not include any permanent housing program level variables because of the lack of statistically significant association between these variables and stayer-leaver status in the descriptive analysis.

Table 5.7 shows the multinomial logistic regression results of the prediction model. The first two columns display results predicting the probability of positive leaving (versus staying in permanent housing), while the last two columns display results predicting the probability of non-positive leaving (versus staying in permanent housing). We report the results using the odds ratio. Simply put, the odds ratio is a way of comparing whether the probability of a certain event, in this case, positive (or non-positive) leaving versus staying in permanent housing, is the same for categories of a variable. For a variable with two categories, an odds ratio of one implies that the event is equally likely in both categories of the variable. An odds ratio greater than one implies that the event is more likely in the first category (that is, the category coded "1"). An odds ratio less than one implies that the event is less likely in the first category.

TABLE 5.7: MULTINOMIAL LOGISTIC REGRESSION RESULTS PREDICTING POSITIVE LEAVING, NON-POSITIVE LEAVING, AND STAYING IN PERMANENT HOUSING

Variables	Positive Leaving Versus Staying in permanent housing			Non-positive Leaving Versus Staying in permanent housing		
	Odds Ratio	*p*-value		Odds Ratio	*p*-value	
Demographics & control						
Age at the time of admission	0.968	0.006	**	0.977	0.013	*
Gender (male=1)	1.009	0.967		1.055	0.759	
Race/ethnicity (black=1)	0.979	0.927		1.196	0.345	
Length of stay in permanent housing	0.999	0.000	***	0.999	0.000	***
Prior to permanent housing entry						
Ever have a homeless shelter stay	1.223	0.404		1.030	0.877	
Ever used CBH outpatient services	0.214	0.000	***	0.235	0.000	***
During permanent housing stay						
Ever have a homeless shelter stay	1.395	0.328		2.135	0.005	**
Ever used CBH outpatient services	1.344	0.314		1.092	0.707	
Ever used CBH inpatient services	1.145	0.708		2.869	0.000	***
Ever used CRS community residential services	4.454	0.000	***	2.778	0.000	***
Ever used CRS emergency services	1.415	0.218		2.190	0.000	***

Note:
Statistical significance: $^{\#}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Two socio-demographic variables—age at admission to permanent housing and length of stay in permanent housing—have a statistically significant relationship with leaving/staying. The odds ratio associated with age was 0.968 for positive leaving and 0.977 for non-positive leaving, indicating that older permanent housing residents were less likely to experience positive and non-positive leaving than younger residents. Therefore, age appears to be a protective factor against the risk of both positive and non-positive leaving. Albeit statistically significant, it should be noted that the length of stay in permanent housing variable does not have any substantive meaning, as it is stating the obvious that stayers have longer permanent housing tenure than leavers. The "length of stay in permanent housing" variable was included to control the probability of service use because of varying length of stay in permanent housing.

Interestingly, although both positive and non-positive leavers were more likely than stayers to report a homeless shelter stay prior to entering permanent housing (recall Table 5.3), the coefficient of pre-permanent housing shelter stay becomes non-significant when

other predictor variables were included in the model for both groups of leavers. In contrast, pre-permanent housing use of outpatient services funded by CBH was significantly associated with leaving permanent housing. As the results show, permanent housing residents who had never used CBH-funded outpatient services before entering permanent housing were more likely to leave permanent housing, regardless of whether it was positive or non-positive leaving.

As noted in columns 1-2 of Table 5.7, use of community residential services was the only variable associated with positive leaving during residents' tenure in permanent housing. The odds ratio associated with use of community residential services was 4.45, indicating that permanent housing residents who used community residential services were 4.45 times more likely to experience positive leaving (versus staying) than residents who did not use such service.

In contrast, four out of five during-permanent housing service use factors were associated with leaving with non-positive outcomes. Permanent housing residents who had a homeless shelter stay were 2.14 times more likely to experience non-positive leaving than those who had never used shelter during their stay in permanent housing. Service users of CBH inpatient services, CRS community residential services, and CRS emergency services were more likely to experience non-positive leaving than residents who did not use service (with odds ratios of 2.87 for inpatient services, 2.78 for community residential services, and 2.19 for emergency services).

To summarize the multivariate regression results, we list the service factors that are significantly associated with positive and non-positive leaving from permanent housing. Factors that are associated with positive leaving are: (1) never used CBH outpatient services prior to permanent housing entry; and (2) ever used CRS community residential services during permanent housing stay. Factors that are associated with non-positive leaving are: (1) never used CBH outpatient services prior to permanent housing entry; (2) ever had a homeless shelter stay during permanent housing stay; (3) ever used CBH inpatient services during permanent housing stay; (4) ever used CRS community residential services during permanent housing stay; and (5) ever used CRS emergency services.

Factors Associated with Leaving and Staying in Permanent Housing—Prospective Tracking Sample

In this section, we compare the characteristics of leavers and stayers of permanent housing using in-person survey data. The findings were based on 100 stayers and 96 leavers recruited into the interview study. We begin by examining the basic socio-demographic characteristics between leavers and stayers. This comparison is important to ensure that the leaver and stayer samples are matched as originally planned in the study. The comparison of socio-demographic characteristics is followed by findings on other individual characteristics including behavioral health characteristics, type of residence, income sources, and rent-income ratio. The last data table in this section

presents data on level of functioning and extent of services and support, both reported by residential support staff. With the exception of basic socio-demographics, all data tables compare voluntary leavers, involuntary leavers, and stayers. Recall that 59 (61%) of the leavers were categorized as voluntary leavers and 37 (39%) were categorized as involuntary leavers.

Comparison of Socio-Demographic Characteristics between Leavers and Stayers

Table 5.8 indicates that the leaver and stayer samples do not differ on the basis of age, gender, and race. The lack of differences in basic socio-demographic characteristics confirms that the matched-sample design was implemented effectively.

TABLE 5.8: SOCIO-DEMOGRAPHIC CHARACTERISTICS MATCHED IN THE STUDY DESIGN

Variables	**All Leavers** (N = 96)	**All Stayers** (N =100)
Age		
- 18-44	45%	45%
- 45+	55%	55%
Gender		
- Females	59%	61%
- Males	41%	39%
Race		
- White	27%	21%
- Black	66%	69%
- Other	6%	10%

In addition, a detailed analysis of the characteristics of the final leaver and stayer samples were compared, respectively, to the characteristics of leavers and stayers who declined the interviews or who could not be contacted. There were no significant differences between stayers who were interviewed and stayers who declined in terms of age, race, or gender. For leavers, there was no difference in race or gender but a statistical significant difference ($p < .05$) in age between those who were interviewed and those that declined participation in the study. It appears that the interviewed samples of leavers and stayers are comparable and representative of the total cohort of leavers and stayers.

Comparison of Other Individual Characteristics between Voluntary Leavers, Involuntary Leavers, and Stayers

Table 5.9 compares other individual characteristics, including behavioral health characteristics, types of residence, income sources, and rent-income ratio. Comparing all leavers with all stayers suggest no difference between the two groups in psychiatric diagnosis of schizophrenia. Leavers, however, were more likely to have a diagnosis of bipolar disorder and substance abuse problems. A breakdown of leavers into voluntary

leavers and involuntary leavers suggest an interesting pattern. Considering the prevalence of psychiatric diagnosis, it is worth noting that voluntary leavers were the least likely of the three groups to be diagnosed with schizophrenia, and involuntary leavers were the most likely. The reverse is true for psychiatric diagnosis of bipolar disorder, with more than a third of voluntary leavers diagnosed with the disorder, and only 10 percent of the involuntary leavers. Interestingly, the prevalence of substance abuse problem is similar for voluntary leavers and stayers, but substantially higher for involuntary leavers.

TABLE 5.9: OTHER INDIVIDUAL CHARACTERISTICS

Variables	**Voluntary Leavers** (n = 59)	**Involuntary Leavers** (n = 37)	**All Leavers** (n = 96)	**All Stayers** (n =100)
Psychiatric diagnosis of schizophrenia	34%	67%	47%	47%
Psychiatric diagnosis of bipolar disorder	36%	10%	26%	20%
Substance abuse problem	15%	47%	27%	13%
Type of current residence—living in an apartment alone	53%	11%	36%	76%
Receipt of Food Stamps	17%	27%	21%	34%
Monthly rent (mean)	$175	$247	$203	$150
Rent-to-income ratio (mean)	0.26	0.43	0.32	0.21

By virtue of maintaining their tenure in permanent housing programs, stayers were more likely than leavers to be living in an apartment alone. Nevertheless, more than half of voluntary leavers (53%) were living in an apartment alone at the baseline interview, compared with only one in ten involuntary leavers. Aside from living arrangements, stayers appear to be in a more favorable situation than leavers by being more likely to be receiving Food Stamps, by spending less on rent, and by reporting a lower rent-to-income ratio. Interestingly, voluntary leavers reported a lighter rent burden than involuntary leavers, although voluntary leavers were less likely than involuntary leavers to receive Food Stamps benefits.

Level of Skills in Independent Living and Extent of Support and Services

As the data in Table 5.10 show, residential support staff rated voluntary leavers to have an equally high (in the areas of transportation, medication management, and self-care and self-preservation) or even higher (in the areas of food management, money management, and independence) level of skills in independent living than stayers. Involuntary leavers were consistently reported by support staff to have a substantially lower level of skills than voluntary leavers and stayers.

TABLE 5.10: LEVEL OF FUNCTIONING AND EXTENT OF SUPPORT AND SERVICES

Variables	Voluntary Leavers (n = 59)	Involuntary Leavers (n = 37)	All Leavers (n = 96)	All Stayers (n = 100)
Level of functioning (% indicating higher level of functioning)				
- Transportation	88%	63%	78%	89%
- Medication management	88%	37%	68%	84%
- Self-care and self-preservation	84%	43%	71%	83%
- Food management	85%	23%	61%	75%
- Money management	81%	23%	59%	71%
- Independence	77%	23%	56%	71%
Extent of support (% indicating less need for assistance)				
- Employability/employment skills	50%	31%	43%	36%
- Dealing with landlord, housing manager, neighbors	40%	23%	33%	33%
- Transportation	77%	37%	62%	47%
- Making appointments for medical & psychiatric care	60%	30%	49%	45%
- Development of natural support networks	67%	33%	54%	36%

Apparently, the higher level of skills in independent living among voluntary leavers is translated into lower level of need for assistance provided by residential support staff. Strikingly, in the areas of employment, dealing with landlord and neighbors, transportation, making appointments for medical and psychiatric care, and development of natural support networks, a higher percent of voluntary leavers were evaluated as needing less assistance than either stayers or involuntary leavers.

Summary

The key finding of this chapter is that leavers who exited permanent housing involuntarily or to less favorable or uncertain discharge locations (non-positive) stood out as a group apart from stayers and other leavers (voluntary leavers or positive leavers). Based on the reports of residential support staff, involuntary leavers were more likely to be diagnosed with a more severe form of mental illness (that is, schizophrenia), had a substance abuse problem, demonstrated a lower level of functioning, and were in a higher level of need for assistance provided by residential support staff. In regard to services used, non-positive leavers were more likely to use inpatient and emergency psychiatric services, suggesting the possibility that these leavers had experienced a downward turn of their mental illness during their stay in permanent housing. Non-positive leavers were

also more likely to experience residential instability during their stay in permanent housing, as indicated by the higher shelter use rate.

These results illustrate the feasibility of identifying permanent housing residents who are at risk of unfavorable leaving, especially in the context of a well-integrated service system. In the next chapter, we discuss the policy and practice implications to address these risk factors in an endeavor to improve the effectiveness of permanent housing programs.

CHAPTER 6: SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

Overview

This chapter briefly summarizes the major findings of this study and how they respond to the research questions it was intended to address. It also delineates the implications and recommendations of the study. The research effort was designed to help understand whether and to what degree permanent supportive housing meets the needs of homeless people with serious mental illness and especially that population's need for stable housing. The research focused on a particular aspect of this question as it relates to determining whether permanent housing is indeed long-term and stable for its residents, and whether limited tenure in Permanent Housing results in negative outcomes. To this end, this project examined the phenomenon of departure from permanent housing by addressing three topical areas. Under each of the three areas, associated research questions were identified that would assist the Department of Housing & Urban Development, other policymakers and service providers design, administer and/or operate permanent housing programs that promote residential stability and self sufficiency. The following the three topical areas and the associated research questions.

- **Characteristics of permanent housing.** What are the distinctive characteristics of permanent housing programs? Is permanent housing a form of housing that permits long-term residency but in practice is used by homeless people with serious mental illness as transitional housing?

- **Circumstances of leaving and the post-permanent housing careers of leavers.** What happens to the formerly homeless people with disabilities who leave permanent housing and why do they leave? What do leavers' post-permanent housing residential careers look like over time? Do people who leave permanent housing voluntarily have different residential careers after permanent housing than those who leave involuntarily?

- **Factors associated with leaving permanent housing and post-permanent careers.** What factors, including the degree and nature of disability and the length of time without housing at the time of program entry, affect the prospect of leaving or staying in permanent housing? What factors, including the degree and nature of disability and the length of time without housing at the time participants enter permanent housing, affect where leavers go upon departure from permanent housing?

Summary Findings

Characteristics of Permanent Housing

The "support" element inherent in Permanent Housing is a significant distinguishing characteristic of Permanent Housing. The support ranges from psychiatric services to life skills to sustain the independence of its residents. Although, the intensity and breadth of the services may vary program to program it was distinguished as a significant element in helping residents attain and maintain their Permanent Housing residency.

Leaving Permanent Housing cannot be presumed to be an undesirable outcome. In actuality, it can be a very positive outcome as leavers move to residences that require greater independent living skills and are able to sustain their residential stability. These leavers (opportunity seekers) believe leaving Permanent Housing exemplifies how "much more" independent they have become. For many it is very gratifying that they can live independently outside of the Permanent Housing program.

Permanent Housing is working effectively for many. It enables residents to aspire to integrate into the community at large even more so than may have been initially thought possible. Half of the stayers aspire to leave permanent housing to live with family and friends. However, they have not left "yet" because they do not believe they are "ready", ready in the sense that they think they will be able to maintain a post-permanent housing residence. Permanent housing enables them to move when and if they choose. Yet, they are prepared to remain in permanent housing if they do not achieve the "ready" state. For example, half of the leavers resided in permanent housing for over two years before leaving.

"Successful leavers" from permanent housing have in some sense demonstrated they can manage their disabilities and sustain a residence outside of permanent housing. In contrast, at least some leavers with less successful outcomes appear to need greater assistance than generally provided in permanent supportive housing. Those who departed to residences with greater support may at some point return to permanent housing. On the other hand, those who are institutionalized or return to the street may not be able to return. For those who fall into either disposition it will be helpful to be able to identify them before departure, to intervene and avoid, if possible, an unfavorable departure.

So is permanent supportive housing for all intents and purposes simply a form of transitional housing? Overall, the answer is "no" but with exceptions. For many it is permanent housing in the same sense that housing is permanent for non-homeless people. People may not stay there forever, but it has become their long-term address, where they come "home" most nights. For others, who are perhaps better functioning and have achieved some real stability in their mental illness, graduation from supportive housing to housing with a subsidy but less structure is a genuine possibility. For others, permanent supportive housing is the place where they'll still take you in after episodes in mental hospitals or substance abuse facilities or on the streets or in shelter. For still others, its is

just one more place with rules and requirements, and, despite the promise, the client just cannot abide that or the provider cannot abide the client.

Circumstances of Leaving

Leavers most often leave to seek better housing. These leavers tend to be voluntary leavers ("opportunity seekers") who are highly motivated to seek a residential setting they perceive to be an improvement over Permanent Housing. Once they "elect" to leave and they generally are able to sustain a stable post-permanent housing residential career. This "graduation" is one of the "best" outcomes that can result from permanent housing. They reintegrate themselves into the community and, consequently, some proportion of HUD and other resources are available for other current or prospective residents.

Situational leavers are also voluntary leavers but less independent than "opportunity seekers" and in fact, have difficulty coping with the greater independence required in permanent supportive housing. They generally "elect" to leave because they need (and sense they need) greater support. They tend to go to facilities with greater support and less independence. Their post-permanent housing residential history is generally stable and they sometimes may return to permanent supportive housing.

Involuntary leavers in general have difficulty maintaining a drug/alcohol free lifestyle and adhering to program rules. They are more often negatively influenced, as in experiencing a relapse, by non-compliant roommates/neighbors, and drug activity and drinking establishments, if any, located in close proximity to their residence. Their post-permanent residential careers tend to be less stable than the other leavers. These leavers are at the greatest risk and appear to incur the most public costs based on their greater use of inpatient and emergency services.

Factors Associated with Leaving Permanent Housing and Post-Permanent Careers

Leavers who left involuntarily or went to non-positive locations are by definition at risk. Factors associated with leaving permanent housing can potentially be used to identify the at risk residents. Several factors, such as level of independent living skills, service use, shelter use and psychiatric diagnosis, might well be employed to predict the stability of the post-permanent housing residential career of leavers and where leavers will reside post permanent housing. Identifying "at risk" residents at the point of entry into permanent housing or, at a minimum, early in their tenure could dramatically reduce the unfavorable outcomes, provided timely and appropriate interventions are initiated.

Leavers categorized as positive and/or voluntary tend to have greater independent living skills, need less supportive services and have the most favorable housing experience after permanent housing. Leavers with the most stable residency tend to be those with the greatest independent living skills and the least need for support services. Conversely, those with the least independent living skills and the greatest need for supportive services tend to have a less favorable housing experience after permanent housing.

The voluntary leavers categorized as "opportunity seekers" have multiple points of contact with the community at large, for example, through attendance at a day program, volunteer work, employment and/or working with a therapist. It appears their "normalized" lifestyle may contribute to their ability to sustain their residence. Perhaps, their relatively high level of interaction enables them to utilize and refine their life skills, minimally their capacity to communicate. Additionally, they are most likely to speak of their residence as a sanctuary that provides them refuge or solace from the everyday demands of their lives. The environment their residence afforded them may have helped them cope with some of the issues they have to manage, such as, problems with neighbors and building maintenance.

The voluntary leavers categorized as "situational leavers" were generally pleased with their current residence but they expressed more variable levels of satisfaction. They made positive references similar to the "opportunity seekers" but also commented on their need for more support services and neighborhoods with less drug/alcohol activity or establishments.

Involuntary leavers also expressed satisfaction with their current residence but were more likely to go to drug/rehab facilities, shelters or institutions. Possibly, an evaluation that incorporates the predictive factors for staying or leaving could have flagged their at-risk status.

Taking into account the limitation of the tracking data, it appears that the leavers with whom contact has been maintained have been able to sustain a stable residence, in part, because they have reduced their financial burden. Also, a greater proportion of these leavers are living in subsidized housing, have reduced their rent, receive Social Security Income and Food Stamps and continue receiving mental health services via a therapist. Overall, they report they are satisfied with their current residence and have a positive assessment of their quality of life.

IMPLICATIONS AND RECOMMENDATIONS

These findings suggest that departure from permanent housing is a complex phenomenon. Simple dichotomization of "leavers" and "stayers" will not productively guide public policy that enhances the effectiveness of permanent supportive housing. In this project, departure from permanent housing was categorized according to the circumstances under which residents left permanent housing and by the destinations to which leavers gravitated. A substantial proportion of leavers moved to residences that required more independent living skills and less reliance on supportive services than the permanent housing program they left. These outcomes certainly underscored that every "leave" cannot be categorized as negative. Moreover, this is the model for those permanent housing residents who express a desire to leave and would be categorized as a potential "positive" leaver.

However, regardless of the criteria used, a significant portion of the relatively small number who depart under unfavorable circumstances find themselves in homeless or institutionalized settings, or in community residential settings requiring higher level of supervision and care. This finding demands that for purposes of research and practice we identify the risk factors associated with unfavorable departures from permanent housing and, to the degree possible, work to prevent such departures by providing appropriate housing and support services. The leavers who depart under unfavorable circumstances consume a disproportionate share of resources as evidenced by their higher use of inpatient and emergency services.

Based on the integrated longitudinal data analyzed here, basic socio-demographic characteristics and generalized measures of level of functioning (such as GAF) ***taken at the point of entering permanent housing*** do not help us distinguish among stayers, leavers who depart under favorable circumstances, and leavers who depart under unfavorable circumstances. The "crude" nature of the assessment instruments may explain some of this lack of differentiation, particularly existing measures of level of functioning and "capability of independent living." If real differences exist at intake but are not detected, more thorough assessment procedures should be introduced to identify which homeless individuals would benefit from various combinations of housing and support services.

The findings from this project suggest that service use during residents' tenure in permanent housing may turn out to be one of the most important predictors of either staying in permanent housing, leaving under favorable conditions or leaving under unfavorable conditions. As both the behavioral health service use administrative data and the interview data show, leavers who departed permanent housing under unfavorable circumstances were assessed by their residential support staff as having lower levels of independent living skills and requiring higher level of assistance and support. This finding is supported by the integrated longitudinal data, which indicate that "unfavorable" leavers were more likely to use ambulatory services (including intensive case management) and community residential services during their tenure in permanent housing. The use of community-based behavioral health services aside, perhaps the most striking finding is the disproportionate use of homeless services, in-patient psychiatric services and emergency psychiatric services among leavers who did not fall within the category of positive discharges. The evidence of relapse experienced by leavers who departed permanent housing under unfavorable circumstances as indicated by hospitalization, return to homeless shelters, and use of emergency services, highlights the importance of residential support staff to recognize the "early warning signs" of potential "failure" in permanent housing. The challenge is for mental health support staff to develop and implement an effective intervention plan to help permanent housing residents who are at risk of "failing" in permanent housing because of relapses. It should be noted here that for permanent housing residents whose relapses are temporary, returning to the permanent housing program should be the intervention goal. But for those whose relapses represent an irreversible deterioration of functional and psychiatric

status, placement in community residential settings with more structure and/or a higher level of supervision should be regarded as a successful exit from permanent housing.

The scenarios for leaving gleaned from the interview data reveal two sets of program-level characteristics and highlight the importance of environmental factors that may affect the likelihood of success among permanent housing residents. Housing environmental factors, including the extent of crimes and illicit drug activities in the building and at the neighborhood level, were mentioned by leavers as affecting their chance of staying sober and their capacity of managing stress, and consequently, their opportunity for staying in permanent housing. In contrast, leavers who appear to be successful in their post-permanent housing careers time and again cited the desirability of their housing and neighborhoods as helping them to stay "focused" and to avoid stressful situations. Accounts of adversarial relationships between residential support staff and residents, and the persistent inability of some leavers to follow program rules, on the other hand, also emerge as precipitating factors in a number of scenarios involving involuntary leaving. Importantly, both the housing characteristics pertaining to buildings and neighborhoods, as well as the support characteristics pertaining to resident-staff relationship and program rules, are factors that can be modified to increase the duration of permanent housing stays and enhance the quality of life of permanent housing residents.

Based on the summary and implications, the following recommendations are offered to improve the outcomes of permanent housing programming:

1. Permanent supportive housing should continue to be a centerpiece of Federal government's effort to end chronic homelessness. Consistent with the literature and reflective of the data, permanent housing is the "housing of choice" for homeless mentally ill persons. Rent subsidies provided as part of the permanent housing arrangement enable residents to have access to resources, thereby enhancing their quality of life.

2. Thorough assessment procedures should be used to match the support needs and preferences of permanent housing residents, as well as levels of independent skills among prospective permanent housing residents. Evidence from the limited existing research indicates that even people who experience chronic street homelessness can maintain independent housing with support from staff and with a minimal level of program requirements (Tsemberis 1999; Tsemberis et al. 2003), if services and housing are tailored to the combination of needs and preferences of consumers. Clearly, this Housing First approach offers possibilities, but it also demands additional cross-site research. The available data including preliminary work in Philadelphia support the utility of the model but also highlight the fact that this population which is more disabled will require a significantly more intense set of support services to be successful in permanent housing.

3. Additional evaluations of clients should be conducted at two points: 1) when clients are seeking permanent housing and 2) when prospective leavers are seeking independent housing. These are two points at which the program may have its greatest leverage to influence a client's participation in supportive services or interventions designed to help the client sustain their permanent housing and/or achieve a stable residential career.

4. An array of permanent housing programs is required to match the diverse needs and preferences of homeless mentally ill persons and the extent of structure and supervision that consumers need. Philadelphia's experience may offer an example in this regard, whereby, over time, the City's Office of Mental Health has diversified its housing offerings by converting traditional community residential rehabilitation programs that had moderate to maximum levels of supervision, into permanent supported housing. As permanent housing, these converted units offer clustered apartments, often with peer support from consumers. Along with other permanent housing and CRR programs, this housing stock offers a broad array of options for maximizing the goodness of fit between consumers and housing options. Although the findings in this study did not support a statistically significant impact for environmental factors, it may be that the limitations and insensitivity in the data sets available to the researchers could not reveal the effects. It is important to note that in the client interviews, environmental factors were often mentioned by clients as important reasons for leaving or staying in permanent housing and further research in the area may be useful.

5. Housing agencies should create "early warning systems" to identify permanent housing residents at risk for unfavorable discharges. Hospitalizations, arrests, eviction warnings, or behavior that places a resident at risk of these events, should trigger an intervention by the placement agency, housing agency, and support service staff. Upon such an event, an assessment should be made of the appropriate resident or support staff adaptations that could be made to ensure stability of a given placement, or of the alternative settings in which a resident should be placed. Clear protocol should be established which outline when and what proactive action should be taken at the time of resident-staff conflict or when residential instability is otherwise indicated.

6. The non-positive outcomes and greater cost to serve involuntary leavers suggest undertaking further analysis to determine if there is justification to develop Permanent Housing specifically designed for repeat drug/alcohol abusers. Permanent housing residents "at risk" are often involuntary leavers who have a drug/alcohol relapse or are non-compliant with permanent housing rules. These residents are costly to serve during their post-permanent housing career. Although, a smaller proportion of involuntary leavers use emergency services post-permanent housing than during their permanent housing-stay, their use of emergency services is more than three times greater than positive leavers.

7. The provision of residential support services need to be recognized as critical and integral components of permanent housing. Provision of long-term housing subsidy is a necessary but not sufficient condition for success. Permanent housing residents have substantial physical and behavioral health needs for which appropriate and continuous support is critical to maintain independent living.

8. Careful consideration should be made as to the location of permanent housing, and such plans should avoid placing permanent housing residents in neighborhoods with high crime rates and drug activities that inadvertently increase the risk of relapses for residents. Housing developers and residential support staff should also work hand-in-hand in order to improve the building environment (lessen the risk of alcohol/drug activities) and to provide a favorable environment to the recovery of consumers.

9. The Federal government's effort to end chronic homelessness should include as an objective the re-engagement of homeless persons with SMI who left permanent housing. Continuum of Care application requirements could encourage re-engagement of such persons as a priority in funding decisions. The development of the Homeless Information Management Systems (HMIS) for tracking homeless persons both in shelters and in permanent housing is a strong movement in the right direction as such a system could theoretically enable a jurisdiction to identify people upon shelter admission who might meet this criteria.

10. Initiatives to help end homelessness should accommodate the desire by many current Permanent Housing residents to live in more independent housing. Permanent Housing can accommodate this need via, for example, different configurations of support reflective of the current service utilization by leavers in their post Permanent Housing career. There are numerous benefits that can accrue from this progression including: 1) those who leave Permanent Housing are less reliant on federal and local resources and sometimes achieve total independence from services designated for formerly homeless persons, 2) the newly available resources are available to others, and 3) Permanent Housing "graduates" may be available to mentor current permanent housing residents who aspire to be more independent. Clearly one important finding of this study is that leaving permanent housing is not necessarily a negative outcome. The fact that clients "move on" to other even more "normal housing" arrangements is not a reflection of a failure of the system but of the success of the client. This is also very consistent with the recent focus in both policy and research on the "recovery" of persons with serious mental illness. This model emphasizes the process of recovery over time so that clients are less dependent on the care system and more able to integrate into the housing market. The assumption that clients will always need the financial and social supports of permanent housing is just not consistent with what we know about the lives of persons with serious mental illness.

APPENDIX A: GLOSSARY OF TERMS

AACO	AIDS Activities Coordinating Office
AAS	Access to Alternative Services
APR	Annual Progress Report
BHS	Behavioral Health System
CBH	City Behavioral Health
CDBG	Community Development Block Grant
CMHPSR	Center for Mental Health Policy and Services Research
CRS	Community Reporting System
ESG	Emergency Shelter Grant
FUP	Follow-up Interview
GAF	Global Assessment of Functioning
HDC	Housing Development Corporation
HMIS	Homeless Management Information System
ICM	Intensive Case Management
IQV	Index of Qualitative Variation
NIMH	National Institute of Mental Health
OESS	Office of Emergency Shelter and Services
OMH	Office of Mental Health
PDR	Progressive Demand Residence
PH	Permanent Housing
PHA	Public Housing Agency
PSH	Philadelphia State Hospital
RPT	Residential Planning Team
SHDP	Supportive Housing Demonstration Program
SHP	Supportive Housing Program
SIL	Supported Independent Living
S+C	Shelter Plus Care
SRO	Single Room Occupancy
SSI	Supplemental Security Income

APPENDIX B: REFERENCES

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APPENDIX C:
LEAVER BASELINE DISCUSSION GUIDE

1a We would like you to tell us your situation before you entered permanent housing. (Probe: Personal situation. Living situation. Type of place/housing. If type is unfamiliar, probe for specifics. Get sequence of housing prior to PH program.)

1b. What did you hope would happen in the PH program? (Probe: Motivation for entering program, what did they hope the program would accomplish, what were their expectations? Was there any critical information that was not thoroughly explained upfront or prior to entrance).

1c. What was your experience like living in permanent housing and receiving support from (*NAME OF HOUSING PROGRAM*)? (Probe: Activities. Assess reactions, do they feel positive or negative about what they are reporting?)

2a. We'd like you to tell us your experience of homelessness. Since you turned 18 (or you became an adult) and prior to your placement in (*NAME OF PH PROGRAM*), about how many times would you say you have been homeless?

2b. Since you turned 18 (or you became an adult) and prior to your placement in permanent housing, what is the total amount of time you have been homeless? Note: An episode of homelessness ends when you have a place to live for a week or longer.)

3a. What is the situation under which you left (*NAME OF PH PROGRAM*)? Probe: Would you tell us some specific reasons that made you leave permanent housing? (Be sure to uncover underlying reasons for leaving, and determine the most important reason. Then, circle appropriate reasons in "unaided column") Probe: Do you feel that (insert name of provider) would agree? How do you feel that their opinion would differ? Interviewer: Be sensitive to the possibility that the client may take this query to mean that they are not telling the truth or are giving an inaccurate account of the situation.

3b. Aided Question. I would like to read a list of reasons others have given for leaving permanent housing programs, and these reasons may or may not apply to you. Would you say that you left the program because (read list and circle 1 or 2). (Probe for clarification: "Asked to leave" or "Opportunity to move to more desirable housing". Note: Be careful when probing elements that the client did not introduce.)

3c. Do you consider your departure from (*NAME OF PH PROGRAM*) voluntary or involuntary? (Record all comments, both initial and subsequent. The client may be ambivalent about leaving and we want to capture this in the data.)

3d. Did you reach the end of your eligibility for housing and/or services there?

4a. We would like you to tell us all the different places you have been staying after leaving (*NAME OF PH PROGRAM),* starting with your current residence. Did you come to live here directly from (*NAME OF PH PROGRAM)?* If no, continue with the residence(s) prior to the current one. Be sure to obtain complete address and date of move in for each residence.)

For each of the places mentioned, probe: Determine or ask, (1) What type of place is/was it? (2) Whom do you/did you live with in that place? (3) Do you /did you own or rent that place, or are you just staying there? (4) If the place is rented, does a government program cover any of the rent? (e.g., section 8 or 1260) (5) Do/did you personally pay any rent or mortgage for staying in your current residence, or do you contribute any money in order to stay there? (6) About how much do you pay each month? (7) Do you receive basic support in handling your personal responsibilities (i.e. budgeting, keeping appointments, transportation, dealing with landlord/housemates/neighbors, etc.) (Record type of residence in appropriate column/row.)

4b. Are you receiving services or treatment from any of the following: case manager, therapist, psychiatrist, psychiatric nurse? Or some other individual? A mental health care provider? If yes: What is the name of the program that provides these services or treatment for you? (Obtain name of individual and name of program.) If no: What about since you left PH?

5a. How did you feel about your life in general when staying in PH and receiving support from (*NAME OF PH PROGRAM*)? (Probe: Reasons behind their feelings. Anything else? Is there anything specific about the program that they liked or disliked but have not yet mentioned?)

5b. If you had to select one of the feelings on this scale (show scale), how would you describe how you felt about your life in general when staying in PH. (Probe further if answer is very different from verbal description).

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6. Now I would like to ask you some questions about your activities such as work and school. (Use list as guide.) Are you currently working at a job for pay? Is that full or part time? What type of job is it? Are you currently engaged in other activities, such as doing volunteer work, attending school, participating in job or skill training, or attending a structured day program? Are there any other activities that you are involved in? (Record type of job, schooling or program in the space provided.)

7a. I would like to ask you briefly about your financial support? What kinds of financial support are you receiving currently? (Probe: items on list.) Are there any other sources of income I didn't mention?

7b. About how much money did you receive during the past month from all sources of income?

8a. How do you currently feel about your life in general?

8b. Using the same scale as before (show scale), how would you rate your feelings about your life in general at the present time. (Probe further if numerical rating is very different from verbal description).

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9. Now I have a few questions in closing. (INTERVIEWER: Obtain level of education, age, race they consider themselves to be, number of children with ages and gender if children previously mentioned.)

---

10. Do you have any closing comments or questions for me?

REMEMBER TO RECORD “Compliance/Reliability Score” on a scale of 1 to 10.

APPENDIX D:
LEAVER FOLLOW-UP DISCUSSION GUIDE

1. We would like you to tell us all the different places you have been different places you have been staying since our last interview with you, starting with you current residence. For each of the places mentioned, probe: What type of place is/was it? Who do/did you live with in that place? Do/did you own or rent that place, or are/were you just staying there? If the place is rented, does/did a government program cover any of the rent? Do/did you personally pay any rent or mortgage for staying in the residence, or do/did you contribute any money in order to stay there? About how much do/did you pay each month? Do/did you receive basic support in handling your personal responsibilities (i.e. budgeting, keeping appointments, transportation, dealing with landlord/ housemates/neighbors, etc.) as part of the living arrangement? Are you receiving services or treatment from any of the following: case manager, therapist, psychiatrist, psychiatric nurse? Or some other individual? a mental health care provider? Probe: What is/are the name(s) of the program(s) which provide these services or treatment for you?

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2. Are you currently working for a job for pay? What type of job is it? Are you currently engaged in other activities, such as doing volunteer work, attending school, participating in job or skill training, or attending a structured day program?

---

3. What kinds of financial support are you receiving currently? About how much money did you receive during the past month from all sources of income?

---

4. How do you feel about your current residence (on the Terrible – Delighted Scale)? How do you feel about your life in general (again on the Terrible – Delighted Scale)?

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5. Some people who left permanent housing with support services like returning to such housing while other people dislike that. If you had a choice, would you consider returning to permanent housing and receiving support services from a program staff? Please tell us the reason.

REMEMBER TO RECORD "Compliance/Reliability Score" on a scale of 1 to 10.

APPENDIX E:
STAYER BASELINE DISCUSSION GUIDE

1a. We would like you to tell us your situation before you entered permanent housing. (Probe: Personal situation. Living situation. Type of place/housing. If type is unfamiliar, probe for specifics. Get sequence of housing prior to PH program.)

1b. What did you hope would happen in the PH program? (Probe: Motivation for entering program, what did they hope the program would accomplish, what were their expectations? Was there any critical information that was not thoroughly explained upfront or prior to entrance)?

1c. What is your experience like living in permanent housing and receiving support from (*NAME OF HOUSING PROGRAM*)? (Probe: Activities. Assess reactions, do they feel positive or negative about what they are reporting?)

2a. We'd like you to tell us your experience of homelessness. Since you turned 18 (or you became an adult) and prior to your placement in (*NAME OF PH PROGRAM*), about how many times would you say you have been homeless?

2b. Since you turned 18 (or you became an adult) and prior to your placement in permanent housing, what is the total amount of time you have been homeless? Note: An episode of homelessness ends when you have a place to live for a week or longer.)
did not introduce.)

3a. How would you describe your current living arrangement? (Probe items on list.)
3b. When did you move in?
3c. How much do you pay for rent per month?

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4. Are you receiving services or treatment from any of the following: case manager, therapist, psychiatrist, psychiatric nurse? Or some other individual? A mental health care provider? What is the name of the program that provides these services or treatment for you? (Obtain name of individual and name of program.) (Note: They would be receiving some services if they are in PH program.)

5a. How do you feel about your life in (*NAME OF PH PROGRAM*) and receiving support from them? (Probe: Reasons behind their feelings. Anything else? Is there anything specific about the program that they liked or disliked but have not yet mentioned?)

5b. If you had to select one of the feelings on this scale (show scale), how would you describe how you feel about your life in *(NAME OF PH PROGRAM).* (Probe further if answer is very different from verbal description).

---

6. Now I would like to ask you some questions about your activities such as work and school. (Use list as guide.) Are you currently working at a job for pay? Is that full or part time? What type of job is it? Are you currently engaged in other activities, such as doing volunteer work, attending school, participating in job or skill training, or attending a structured day program? Are there any other activities that you are involved in? (Record type of job, schooling or program in the space provided.)

7a. I would like to ask you briefly about your financial support? What kinds of financial support are you receiving currently? (Probe: items on list.) Are there any other sources of income I didn't mention?

7b. About how much money did you receive during the past month from all sources of income?

8a. How do you currently feel about your life in general?

8b. Using the same scale as before (show scale), how would you rate your feelings about your life in general at the present time. (Probe further if answer is very different from verbal description).

---

9. Some people prefer to live in permanent housing with support services while other people want to move on to other living arrangements. If you had a choice, would you prefer to stay in permanent housing and receive support services from a program staff or to move on to another living arrangement? Would you tell us the reason for your thinking that way?

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10. Now I have a few questions in closing. (INTERVIEWER: Obtain level of education, age, race they consider themselves to be, number of children with ages and gender if children previously mentioned.)

---

11. Do you have any closing comments or questions for me?

APPENDIX F:
LEAVER/STAYER CONSUMER BACKGROUND WORKSHEET
(TO BE COMPLETED BY PROVIDER)

I. DATE OF DEPARTURE: (To be filled out for leavers only; note that this is for verification purpose only. Dates of admission and departure for all participants are recorded in the administrative database maintained by the Office of Mental Health)

Please write the date when the consumer left the residential support program.

DATE OF DEPARTURE

Month	**Day**	**Year**

II. CIRCUMSTANCES OF LEAVING (to be filled out for leavers only)

Please describe the circumstances upon which the consumer left the residential support program.

III. NATURE OF LEAVING (to be filled out for leavers only)

Do you consider the circumstances upon which the consumer left the program voluntary or involuntary **on the part of the consumer**?

Voluntary	1
Involuntary	2

The following questions will be asked of both leavers and stayers.

IV. LEVEL OF FUNCTIONING

Please rate how regularly the consumer demonstrated the following skills **at the point of his/her leaving the program(leavers only) or today for stayers**:

(ANSWER EACH ITEM)	Never	Rarely	Sometimes	Often	Always
Self-care and self-preservation: Bathes, grooms, toilets, dresses, ambulates, responds appropriately to danger etc.	1	2	3	4	5
Food management: Plans menus, purchases food, plans meals, cleans up, etc.	1	2	3	4	5
Money management: Budgets and manages money so as to meet needs	1	2	3	4	5
Medication management: Is familiar with and is willing to comply with medication regimen	1	2	3	4	5
Transportation: Uses the public transportation system, or has other supports	1	2	3	4	5
Independence: Plans, organizes own time and/or is willing to participate in planned day/evening events	1	2	3	4	5

V. BEHAVIORAL CHARACTERISTICS

Please check if the consumer had the following behavioral characteristics during his/her stay in the residential support program. **(Leavers and Stayers)**

(ANSWER EACH ITEM)	Yes	No
Fire-setting	1	2
Substance abuse	1	2
Homicidal behavior	1	2
Assaultive behavior	1	2
Self-injurious behavior	1	2
Suicidal attempts	1	2
Forensic involvement (i.e., criminal justice system)	1	2
Other antisocial behavior (*SPECIFY*):	1	2

VI. SUPPORTS & SERVICES
(Leavers and Stayers)

Think about an average consumer in your residential program. By "average consumer," we mean someone who receives an **average amount of support and help** from program staff relative to all other consumers in your program. Please rate how much support and help **this consumer** was receiving on average compared to other consumers.

(ANSWER EACH ITEM)	Much less than average	Slightly less than average	Average	Slightly more than average	Much more than average	Service Not Available
Dealing with landlord, housing manager, housemate, and neighbors	1	2	3	4	5	6
Self and personal care	1	2	3	4	5	6
Food management	1	2	3	4	5	6
Money management	1	2	3	4	5	6
Medication management	1	2	3	4	5	6
Transportation (including appointment, work, and recreation)	1	2	3	4	5	6
Goal planning and time management	1	2	3	4	5	6
Making appointments and arrangements for medical and psychiatric care	1	2	3	4	5	6
Dealing with stress and emotional upset	1	2	3	4	5	6
Dealing with crisis	1	2	3	4	5	6
Development of natural support networks, including family members and friends	1	2	3	4	5	6
Connecting with social services	1	2	3	4	5	6
Employability/Employment Skills	1	2	3	4	5	6

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March 2006